

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2004
Secretary of State**

DOCUMENT# N45820

Entity Name: CAMERON CROSSING OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3127160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W. JR
2180 W SR 434 ST
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES W HART JR

04/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STIDHAM, TONY
Address: 3691 CAMERON CROSSING
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD () Delete
Name: HOYT, PAT
Address: 3685 CAMERON CROSSING
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD () Delete
Name: LOKEY, TOM
Address: 3611 CAROL ANN LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete
Name: YANKO, KIMBERLY
Address: 3678 CAMERON CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete
Name: VANDERPOOL, GWEN
Address: 11308 FAIRFOREST LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Delete
Name: RHODES, PAT
Address: 3708 CAMERON CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOKEY, TOM
Address: 3611 CAROL ANN LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD (X) Change () Addition
Name: COPPOTH, BERNIE
Address: 3644 CAROL ANN LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: STD (X) Change () Addition
Name: RHODES, PAT
Address: 3708 CAMERON CROSSING DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Change () Addition
Name: HOYT, PAT
Address: 533 MACKENZIE CIR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM LOKEY

PD

04/07/2004

Electronic Signature of Signing Officer or Director

Date