

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 06, 2005
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
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: YOON, JON
Address: 3614 CAROL ANN LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Change (X) Addition
Name: WORKMAN, JASON
Address: 3608 CAROL ANN LN
City-St-Zip: JACKSONVILLE, FL 32223

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

04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date