

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 13, 2007  
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: D ( ) Delete  
Name: LOKEY, TOM  
Address: 3611 CAROL ANN LN  
City-St-Zip: JACKSONVILLE, FL 32223

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

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

Title: STD ( ) Delete  
Name: WORKMAN, JASON  
Address: 3608 CAROL ANN LN  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: VPTD (X) Change ( ) Addition  
Name: WORKMAN, JAYSON  
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 Chapter 119, 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: THOMAS LOKEY

PD

03/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date