

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2009
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
SENTRY MANAGEMENT INC
2180 WEST 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, THOMAS
Address: 3611 CAROL ANN LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () 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, JAYSON
Address: 3608 CAROL ANN LN
City-St-Zip: JACKSONVILLE, FL 32223

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

I hereby certify that the information supplied with this filing does not qualify 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

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date