


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90484 028 ****61.25

DOCUMENT # N45820

1. Entity Name
CAMERON CROSSING OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**2180 WEST SR 434
SUITE 2000
LONGWOOD FL 32779-5044
US**

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
Suite 5000

Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3127160** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HART, JAMES W. JR
2180 W SR 434 ST
SUITE 5000
LONGWOOD FL 32779-5044**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** -Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STIDHAM, TONY	
STREET ADDRESS	3691 CAMERON CROSSING	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOYT, PAT	
STREET ADDRESS	3685 CAMERON CROSSING	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOKEY, TOM	
STREET ADDRESS	3611 CAROL ANN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YANKO, KIMBERLY	
STREET ADDRESS	3678 CAMERON CROSSING DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VANDERPOOL, GWEN	
STREET ADDRESS	11308 FAIRFOREST LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOKEY, TOM	
STREET ADDRESS	3611 CAROL ANN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERPOOL, GWEN	
STREET ADDRESS	11308 FAIRFOREST LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT RHODES	
STREET ADDRESS	3708 CAMERON CROSSING DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X SIGNATURE OF PAT HOYT** **3/31/03 904-905-0105**

CR2E037 (10/02)