

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003177 (1)

1. Corporation Name

CAMELLIA ACRES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business: 4428 LAFAYETTE STREET, MARIANNA FL 32446  
Mailing Address: 4428 LAFAYETTE STREET, MARIANNA FL 32446

3. Date Incorporated or Qualified: 06/30/1995  
3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-3343041  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ], No [X]

9. Name and Address of Current Registered Agent: TATUM, GUY, 4428 LAFAYETTE STREET, MARIANNA FL 32446

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	DULANEY, DAVID	
STREET ADDRESS	2506 WOODS VIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	DELETE
NAME	THOMAS, BILL	
STREET ADDRESS	2518 WOODS VIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	DELETE
NAME	SULLIVAN, LINDA	
STREET ADDRESS	2510 WOODS VIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	DELETE
NAME	TATUM, GUY	
STREET ADDRESS	4428 LAFAYETTE ST	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	P	DELETE
NAME	FRIEDRICH, JOE	
STREET ADDRESS	2554 WOODS VIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	V	DELETE
NAME	PENDERGRASS, DWAIN	
STREET ADDRESS	2541 WOOD VIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] P Date: 3/16/96 Daytime Phone #: 904-526-3187

CR2E037 (12/95)