

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003177 (1)**  
 1. Corporation Name  
**CAMELLIA ACRES HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>4428 LAFAYETTE STREET MARIANNA FL 32446</b>	Mailing Address <b>4428 LAFAYETTE STREET MARIANNA FL 32446-3405</b>
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3. Date Incorporated or Qualified <b>06/30/1995</b>	3a. Date of Last Report <b>03/20/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc. <b>22</b>	Suite, Apt #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-3343041</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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	<input checked="" type="checkbox"/> DELETE
NAME	DULANEY, DAVID	
STREET ADDRESS	2506 WOODS VIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, BILL	
STREET ADDRESS	2518 WOODS VIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, LINDA	
STREET ADDRESS	2510 WOODS VIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TATUM, GUY	
STREET ADDRESS	4428 LAFAYETTE ST	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDRICH, JOE	
STREET ADDRESS	2554 WOODS VIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	V	<input type="checkbox"/> 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DULANEY, JANET	
1.3 STREET ADDRESS	2506 WOODS VIEW DR.	
1.4 CITY-ST-ZIP	MARIANNA, FL. 32446	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LORI ARGO	
2.3 STREET ADDRESS	2514 WOODS VIEW DR	
2.4 CITY-ST-ZIP	MARIANNA, FL. 32446	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANN PURDY	
3.3 STREET ADDRESS	2545 WOODS VIEW DR	
3.4 CITY-ST-ZIP	MARIANNA, FL. 32446	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVID McCORMICK	
4.3 STREET ADDRESS	2533 WOODS VIEW DR	
4.4 CITY-ST-ZIP	MARIANNA, FL. 32446	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LAVERNE FRIEDRICH	
5.3 STREET ADDRESS	2554 WOODS VIEW DR.	
5.4 CITY-ST-ZIP	MARIANNA, FL. 32446	
6.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PENDERGRASS, DWAIN	
6.3 STREET ADDRESS	2541 WOODS VIEW DR	
6.4 CITY-ST-ZIP	MARIANNA, FL. 32446	

14. I do 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 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: Dwain Pendergrass **4/15/97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010183

CR2E037 (9/96)