

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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**
4. FEI Number: **59-3343041**
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 **FL** 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DHLANEY, JANET	1.2 NAME	DIR. MS. BETTY FLUQUA
STREET ADDRESS	2506 WOODS VIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	MARIANNA, FL. 32446
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARGO, LORI	2.2 NAME	DIR. MR. LONNIE KEENE
STREET ADDRESS	2514 WOODS VIEW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURDY, ANN	3.2 NAME	DIR. MS. LINDA SULLIVAN
STREET ADDRESS	2545 WOODS VIEW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, DAVID	4.2 NAME	
STREET ADDRESS	2533 WOODS VIEW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDRICH, LAVERNE	5.2 NAME	
STREET ADDRESS	2554 WOODS VIEW DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE ← REMAINS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDERGRASS, DWAIN	6.2 NAME	
STREET ADDRESS	2541 WOOD VIEW DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	6.4 CITY-ST-ZIP	

14. 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 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: **Kevin J. Pendergrass, V-Pres.** 2/22/98 850-482-4820

CR2E037 (10/97)