

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90091 026 ****61.25

0010526

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003177

1. Corporation Name

CAMELLIA ACRES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

4428 LAFAYETTE STREET
MARIANNA FL 32446

Mailing Address

4428 LAFAYETTE STREET See below
MARIANNA FL 32446



2. Principal Place of Business

21 2506 Woodsvew Drive

2a. Mailing Address

26 2506 Woodsvew Drive

3. Date Incorporated or Qualified

06/30/1995

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-3343041

Applied For

Not Applicable

City & State

23 Marianna FL

City & State

28 Marianna FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 32446 25 Jackson

Zip Country

29 32446 30 Jackson

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TATUM, GUY
4428 LAFAYETTE STREET See above
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name David Dulaney
82 Street Address (P.O. Box Number is Not Acceptable) 2506 Woodsvew Drive
83
84 City Marianna FL 85 Zip Code 32446

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: *Sam Dulaney*

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 DELETE

D
NAME FUQUA, BETTY
STREET ADDRESS 2506 WOODS VIEW DR.
CITY-ST-ZIP MARIANNA FL 32446

TITLE DELETE

D
NAME KEENE, LONNIE
STREET ADDRESS 2514 WOODS VIEW DR.
CITY-ST-ZIP MARIANNA FL 32446

TITLE DELETE

D
NAME SULLIVAN, LINDA
STREET ADDRESS 2545 WOODS VIEW DR
CITY-ST-ZIP MARIANNA FL 32446

TITLE DELETE

D
NAME MCCORMICK, DAVID
STREET ADDRESS 2533 WOODS VIEW DR.
CITY-ST-ZIP MARIANNA FL

TITLE DELETE

D
NAME FRIEDRICH, LAVERNE
STREET ADDRESS 2554 WOODS VIEW DR.
CITY-ST-ZIP MARIANNA FL

TITLE DELETE

P
NAME PENDERGRASS, DWAIN
STREET ADDRESS 2541 WOOD VIEW DRIVE
CITY-ST-ZIP MARIANNA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

D
1.2 NAME Marion Hagen
1.3 STREET ADDRESS 2530 Woodsvew Drive
1.4 CITY-ST-ZIP Marianna FL 32446

2.1 TITLE Change Addition

D
2.2 NAME Doug Jones
2.3 STREET ADDRESS 2534 Woodsvew Drive
2.4 CITY-ST-ZIP Marianna FL 32446

3.1 TITLE Change Addition

D
3.2 NAME David Dulaney
3.3 STREET ADDRESS 2506 Woodsvew Drive
3.4 CITY-ST-ZIP Marianna FL 32446

4.1 TITLE Change Addition

Vice President
4.2 NAME Lonnie Keene
4.3 STREET ADDRESS 2549 Woodsvew Drive
4.4 CITY-ST-ZIP Marianna FL 32446

5.1 TITLE Change Addition

Secretary
5.2 NAME Linda Sullivan
5.3 STREET ADDRESS 2545 Woodsvew Drive
5.4 CITY-ST-ZIP Marianna FL 32446

6.1 TITLE Change Addition

Treasurer
6.2 NAME Janet Dulaney
6.3 STREET ADDRESS 2506 Woodsvew Drive
6.4 CITY-ST-ZIP Marianna FL 32446

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, with all other like empowered.

SIGNATURE: *Sam Dulaney* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99 (850)482-3441

Date

Daytime Phone #

CR2E037 (11/98)