

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90110 018 \*\*\*\*61.25

**DOCUMENT # N95000003177**

1. Entity Name

**CAMELLIA ACRES HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2506 WOODSVIEW DRIVE  
 MARIANNA FL 32446

2506 WOODSVIEW DRIVE  
 MARIANNA FL 32446-1155

00009633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3343041**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DULANEY, DAVID**  
**2506 WOODSVIEW DRIVE**  
**MARIANNA FL 32446**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **HAGEN, MARION**  
 STREET ADDRESS **2530 WOODSVIEW DRIVE**  
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D**  Change  Addition  
 NAME **DWAIN PENDERGRASS**  
 STREET ADDRESS **2541 WOODSVIEW DRIVE**  
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D**  Delete  
 NAME **JONES, DOUG**  
 STREET ADDRESS **2534 WOODSVIEW DRIVE**  
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D**  Change  Addition  
 NAME **JOE FRIEDRICH**  
 STREET ADDRESS **2554 WOODSVIEW DRIVE**  
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D**  Delete  
 NAME **DULANEY, DAVID**  
 STREET ADDRESS **2506 WOODSVIEW DRIVE**  
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **P**  Change  Addition  
 NAME **DAVID DULANEY**  
 STREET ADDRESS **2506 WOODSVIEW DRIVE**  
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **VP**  Delete  
 NAME **KEENE, LONNIE**  
 STREET ADDRESS **2549 WOODSVIEW DRIVE**  
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **SULLIVAN, LINDA**  
 STREET ADDRESS **2545 WOODSVIEW DRIVE**  
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **DULANEY, JANET**  
 STREET ADDRESS **2506 WOODSVIEW DRIVE**  
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-18-2000* *850-462-3441*  
 Date Daytime Phone #

CR2E037 (9/99)