


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90410 044 ****61.25

DOCUMENT # N95000003177

1. Entity Name
CAMELLIA ACRES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

2566 WOODSVIEW DRIVE **2566 WOODSVIEW DRIVE**
MARIANNA FL 32446 **MARIANNA FL 32446**

2. Principal Place of Business 3. Mailing Address


4953 Water Oak Drive **4953 Water Oak Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Marianna, Florida **Marianna, Florida**

Zip Country Zip Country

32446 **USA** **32446** **USA**



MOORE CR2E037 (11/03)

4. FEI Number Applied For

59-3343041 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, HELEN
2566 WOODSVIEW DRIVE
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name **Helen W. Aldridge**

Street Address (P.O. Box Number is Not Acceptable)
4953 Water Oak Drive

City **Marianna** State **FL** Zip Code **32446**

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. I am familiar with, and accept the obligations of registered agent. **Helen W. Aldridge, Secretary-Treasurer**

SIGNATURE **Helen W. Aldridge Secretary - Treasurer** DATE **March 25, 2004**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PENDERGRASS, DWAIN	
STREET ADDRESS	2541 WOODSVIEW DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KEENE, LONNIE	
STREET ADDRESS	2549 WOODSVIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, DOUG	
STREET ADDRESS	2534 WOODSVIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HERNANDEZ, HELEN	
STREET ADDRESS	2566 WOODSVIEW DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAGAN, MARION	No Change
STREET ADDRESS	2530 WOODVIEW DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCORMICK, DAVID	
STREET ADDRESS	2533 WOODSVIEW DR	
CITY-ST-ZIP	MARIANNA FL 32446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD (Vice Pres., Director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Helen	
STREET ADDRESS	2566 Woodsviiew Drive	
CITY-ST-ZIP	Marianna, Fl. 32446	
TITLE	ST (Sec-Trea)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aldridge, Helen W.	
STREET ADDRESS	4953 Water Oak Drive	
CITY-ST-ZIP	Marianna, Fl. 32446	
TITLE	D (Director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keene, Lonnie	
STREET ADDRESS	2549 Woodsviiew Drive	
CITY-ST-ZIP	Marianna, Fl. 32446	
TITLE	D (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Friedrich	
STREET ADDRESS	2554 Woods View Drive	
CITY-ST-ZIP	Marianna, Fl. 32446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Helen W. Aldridge, Sec.-Trea.** DATE: **March 25, 2004** DAYTIME PHONE #: **(850) 482-1025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR