

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90039 035 \*\*\*\*61.25



**DOCUMENT # N95000003177**  
1. Entity Name  
**CAMELLIA ACRES HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**4953 WATER OAK DRIVE**      **4953 WATER OAK DRIVE**  
**MARIANNA FL 32446**      **MARIANNA FL 32446**



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

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**  
**ALDRIDGE, HELEN W**  
**4953 WATER OAK DRIVE**  
**MARIANNA FL 32446**

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 type="checkbox"/> Delete
NAME	HERNANDEZ, HELEN	
STREET ADDRESS	2566 WOODSVIEW DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALDRIDGE, HELEN W	
STREET ADDRESS	4953 WATER OAK DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEENE, LONNIE	
STREET ADDRESS	2549 WOODSVIEW DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGAN, MARION	
STREET ADDRESS	2530 WOODVIEW DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDRICH, JOE	
STREET ADDRESS	2554 WOODS VIEW DR	
CITY-ST-ZIP	MARIANNA FL 32446	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Helen	
STREET ADDRESS	2566 Woodsview Dr,	
CITY-ST-ZIP	Marianna, FL. 32446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Argo, Lori	
STREET ADDRESS	2514 Woods View Dr.	
CITY-ST-ZIP	Marianna, FL. 32446	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meservier, Barry	
STREET ADDRESS	2554 Woodsview Dr,	
CITY-ST-ZIP	Marianna, FL. 32446	

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 information.

SIGNATURE: Helen W. Aldridge      Date: March 28, 2005      Daytime Phone #: (850)482-1025