


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90056 013 \*\*\*\*61.25

<b>DOCUMENT # N9500003177</b>			
1. Entity Name <b>CAMELLIA ACRES HOME OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>4953 WATER OAK DRIVE MARIANNA, FL 32446</b>		Mailing Address <b>4953 WATER OAK DRIVE MARIANNA, FL 32446</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>4959 Water Oak Dr.</b>		Suite, Apt. #, etc. <b>4959 Water Oak Dr.</b>	
City & State <b>MARIANNA, FL</b>		City & State <b>MARIANNA, FL</b>	
Zip <b>32446</b> Country		Zip <b>32446</b> Country	
4. FEI Number <b>59-3343041</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ALDRIDGE, HELEN W 4953 WATER OAK DRIVE MARIANNA, FL 32446</b>		Name <b>Schairer, Lois</b> Street Address (P.O. Box Number is Not Acceptable) <b>4959 Water Oak Dr.</b> City <b>Marianna, FL</b> Zip <b>32446</b>	
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 <i>Lois Schairer Sec. Treas.</i>		DATE <b>2/23/06</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
State check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PENDERGRASS, DWAIN 2541 WOODSVIEW DR MARIANNA, FL 32446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Argo, Lorena 2514 Woods View Dr. Marianna, FL 32446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNANDEZ, HELEN 2688 WOODSVIEW DR MARIANNA, FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ALDRIDGE, HELEN W 4953 WATER OAK DRIVE MARIANNA, FL 32446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Schairer, Lois 4959 Water Oak Dr. MARIANNA, FL 32446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEENE, LONNIE 2549 WOODSVIEW DR MARIANNA, FL 32446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gaffke, Ray 2514 WOODS VIEW DR MARIANNA, FL 32446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARGO, LORI 2514 WOODS VIEW DR MARIANNA, FL 32446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Vanhuss, Estill 2548 WOODS VIEW DR MARIANNA, FL 32446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MESERVIER, BARRY 2554 WOODS VIEW DR MARIANNA, FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Lois Schairer Sec. Treas.</i>		DATE <b>2/23/06</b> 482-9124	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	