


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90032 036 \*\*\*\*61.25

<b>DOCUMENT # N95000003177</b> 1. Entity Name <b>CAMELLIA ACRES HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4959 WATER OAK DRIVE MARIANNA, FL 32446</b>			Mailing Address <b>64959 WATER OAK DRIVE MARIANNA, FL 32446</b>		
2. Principal Place of Business - No P.O. Box # <b>2566 Woods View Dr</b>		3. Mailing Address <b>same</b>			
Suite, Apt. #, etc. <b>Marianna, fl.</b>		Suite, Apt. #, etc. <b>same</b>			
City & State <b>Marianna, FL</b>		City & State <b>Marianna, FL</b>			
Zip <b>32446</b>		Country <b>USA</b>		4. FEI Number <b>59-3343041</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
3. Name and Address of Current Registered Agent:  <b>SCHAIER, LOIS 4959 WATER OAK DRIVE MARIANNA, FL 32446</b>			7. Name and Address of New Registered Agent Name <b>Helen Thelle Hernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>2566 Woods View Dr</b> City <b>Marianna, FL</b> Zip Code <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: <u><i>Helen Thelle Hernandez Sec/Pres</i></u> <b>4-24-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARGO, LORENA 2541 WOODSVIEW DR MARIANNA, FL 32446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, HELEN 2566 WOODSVIEW DR MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHEIRER, LOIS 4959 WATER OAK DRIVE MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAFFKE, RAY 2514 WOODS VIEW DRIVE MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANHUS, ESTILL 2548 WOODS VIEW DRIVE MARIANNA, FL 32446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESERVIER, BARRY 2554 WOODS VIEW DR MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Argo, Lorena 2541 Woodsview Dr Marianna, fl. 32446	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dawn Pendegrass 4541 Woods View Dr Marianna, fl 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Helen Thelle Hernandez 2566 Woods View Dr Marianna, fl 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lou Condon 4944 Water Oak Dr Marianna, fl 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Vanhuss, Estill 2548 Woods View Dr Marianna, fl 32446	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alice Johnson 2594 (2534) Woods View Dr Marianna, fl. 32446	<input checked="" 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: <u><i>Helen Thelle Hernandez</i></u> <b>4-24-07</b> <b>182-3224</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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