SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

CAMP CREEK POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2405 JENKS AVE. PANAMA CITY FL 32405

Mailing Address

2405 JENKS AVE. PANAMA CITY FL 32405

2a. Mailing Address

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90017 017 ****61.25





3. Date Incorporated or Qualifed

	, , , , , , , , , , , , , , , , , , ,	ing Address 5 Becknick	10.		3. Date Incorporated or Qualifed 10/16/1996			
21 715 5 Suite, Apt. 3	acknict food 26 41	<u>.) うという/ハン/</u> e, Apt. #, etc.	1 1-017	<u>/</u>	4. FEI Númber	Ani	plied For	
	., 5.5.	Suite 350			59-3480184	_ 	Applicable	
22 Suit = 350 27 Suit = 350 City & State City & State						\$8.75 A		
23 PANAMA City BLACK, FL 28 PANAMA City BLACK				7	-5. Certificate of Status Desired	Fee Re		
Zip Country Zip Co				C. Election Campaign money				
<u> </u>				<u> </u>	10. Name and Address of New Registered		J F862	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
				of Name				
BARIC, JOHN			82	82 Street Address (P.O. Box Number is Not Acceptable)				
7900 GLADES ROAD			83	02				
STE. 200			63					
BOCA RATON FL 33434			84	City	FL	85 Zip C	ode	
44.2 May be a significant of Continue C47 1509. Elegido Statutos, the above paged corporation submits this statement for the number of changing its registered								
affice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO		
TITLE	PD	⊠ DELETE	1.1 TITLE		Directon	Change	Addition	
NAME	DURHAM, W.E.		1.2 NAME		JAMES M. Restanded, Suite 350			
STREET ADDRESS	2405 JENKS AVE.		1.3 STREET	ADDRESS	415 BELLENTUH HARME, JUILE >>0		1	
CITY-ST-ZIP	PANAMA CITY FL 32405		1.4 CITY-S	1	PANAMA City Brosty FL 3240)		
TITLE	PD 🔀 DELETE		2.1 TITLE		Dinector	☐ Change	Addition	
NAME			2.2 NAME		. A la laborate	~		
STREET ADDRESS	2405 JENKS AVE.		2.3 STREET	ADDRESS 1	415 Breknicht Am Road Suit 38	D		
CITY-ST-ZIP	PANAMA CITY FL 32405		2. 4 CITY-S	T-ZIP	PANAMA CITY BEACH, PL 324	ረ ዕገ		
TITLE			3.1 TITLE			☐ Change	Addition	
NAME	MCGOWAN, P.T.	·- 	3.2 NAME					
STREET ADDRESS	2405 JENKS AVE.		3.3 STREET	ADORESS				
CITY-ST-ZIP	PANAMA CITY FL 32405		3.4. CITY-S	r-ZIP				
TILE	PD	☐ DELETE	4.1 TITLE		Dinecton,	Change	☐ Addition	
NAME	HOWELL, LEWIS B		4. 2 NAME		Limit B. Howell		ļ	
STREET ADDRESS	2405 JENKS AVENUE		4.3 STREET	ADDRESS	Lewis B. Howe // 2800 S. Hylhway ?? Lynn Haven, 12 32444		-	
CITY-ST-ZIP	PANAMA CITY FL 32405		4.4 CITY-S	r-ZIP	luma HAVEN, 192 32444		}	
TITLE		☐ DELETE	5.1 TITLE		7	☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME	1			}	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	r-ZIP				
14. I hereby c	ertify that the information supplied with this filing of	loes not qualify for th			Section 119.07(3)(i), Florida Statutes. I further cer	ify that the in	nformation	

indicated on this annual report or supplemental annual 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 to stee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaction of the corporation or the receiver or to stee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaction of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the

SIGNATURE:

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