

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90026 004 ****61.25

DOCUMENT # N96000005354(3)



1. Entity Name

CAMP CREEK POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1096 Scenic Gulf Dr.; Suite
 Suite C102B
 Destin, FL 32550

1096 Scenic Gulf Dr.
 Suite C102B
 Destin, FL 32550

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

59-3480184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

David W. Bell
 1096 Scenic Gulf Dr.; Ste C102B
 Destin, FL 32550

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.

SIGNATURE David W. Bell, Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06-06-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 PDeters III, A. Clark
 Peters III, A. Clark
 92 Camp Creek Point
 Panama City Beach, FL 32413

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 SID
 McRoberts, John
 4109 Old Leeds Ln
 Birmingham AL 35213

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 VPD
 Presser, Marie
 706 Burners Cove Rd
 Panama City, FL 32401

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-01

Date

850-654-1818

Daytime Phone #

CR2E037 (11/00)