2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90079 004 ****61.25

DOCUMENT # N96000005354

1. Entity Name

CAMP CREEK POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1096 SCENIC GULF DRIVE SUITE C102B DESTIN FL 32550 US	1096 SCENIC GULF DRIVE SUITE C102B DESTIN FL 32550 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1096 Scenic Gulf Drive	1096 Scenic Gulf Drive
Suite, Apt. #, etc.: C-102 B	Suite, Apt. #, etc.: C-102B
City & State: Destin, FL	City & State: Destin, FL
Zip: 32550 Country: USA	Zip: 32550 Country: USA

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, BELL W ~~1096 SCENIC GULF DRIVE~~ 1096 Scenic Gulf Drive SUITE 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: A. Clark Peters DP 1/20/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RESTER, JAMES M 415 BECKRICH, STE 350 PANAMA CITY BEACH FL 32407	☐ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MC ROBERTS, JOHN 4109 OLD LEEDS LANE BIRMINGHAM, AL 35213	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENE, WM BRITTON 415 BECKRICH, STE 350 PANAMA CITY BEACH FL 32407	☐ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PETERS, A. CLARK 92 CAMP CREEK POINT PANAMA CITY BEACH, FL 32413	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWELL, LEWIS B 2800 S HIGHWAY 77 LYNN HAVEN FL 32444	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP PRESSER, MARIE 706 BUNNKERS COVE ROAD PANAMA CITY, FL 32401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED A. Clark Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #