2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90135 015 ****70.00

DOCUMENT # N96000005354

1. Entity Name
CAMP CREEK POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
215 GRAND BOULEVARD SANDESTIN FL 32550 US	215 GRAND BOULEVARD SANDESTIN FL 32550 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
225 MAIN ST	P.O. BOX 1895
Suite, Apt. #, etc. # 6	Suite, Apt. #, etc.
City & State DESTIN FL	City & State DESTIN FL
Zip 32541 Country USA	Zip 32540 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

GORMLEY, TERRY P
215 GRAND BOULEVARD
SANDESTIN FL 32550

7. Name and Address of New Registered Agent

Name SEACOAST ASSOCIATION MGT INC
Street Address (P.O. Box Number is Not Acceptable)
C/O CAMP CREEK POINT HOA
225 MAIN ST. # 6
City DESTIN, FL Zip Code 32541

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 [signature] WALT LETRER 4.4.5
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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make 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	DST MCROBERTS, JOHN 4109 OLD LEEDS LANE BIRMINGHAM AL 35213	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SUSAN SNIDER 392 TRADEWINDS DR. SANTA ROSA BEACH FL 32459	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PETERS, CLARK A 92 CAMP CREEK POINT PANAMA CITY BEACH FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P Jewell Jones 3456 WOODBURY RD. Birmingham AL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP PRESSER, MARIE 706 BUNNKERS COVE ROAD PANAMA CITY FL 32401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECT + TREAS JOHN MCROBERTS 4109 OLD LEEDS RD BIRMINGHAM AL 35213	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] MANAGER SEACOAST ASSO. MGT INC 225 MAIN, ST. [redacted] DESTIN, FL 32541	☒ 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

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] WALT LETRER 4.2.5 850.830.7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #