2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005354

FILED Apr 07, 2009 Secretary of State

Entity Name: CAMP CREEK POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
12273 US			D COAST PARKWAY	
SUITE #20 DESTIN, F		SUITE 110-A MIRAMAR, FL 3	32550 US	
Current M	lailing Address:	New Mailing A	ddress:	
P O BOX 1 DESTIN, F		P O BOX 5002 DESTIN, FL 32:	540 US	
FEI Number:	: 59-3480184 FEI Number A	pplied For() FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		ered Agent: Name and Add	Name and Address of New Registered Agent:	
C/O WALT 12273 US DESTIN, F The above	HWY 98 SUITE 204A FL 32550 US named entity submits this sta	C/O INGRID ES	D COAST PARKWAY, STE# 110-A 32550 US	
	e of Florida. RE: INGRID ESSER		04/07/2009	
SIGNATO	Electronic Signature of	Registered Agent	Date	
OFFICERS	S AND DIRECTORS:		IANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P () Delete SNIDER, SUSAN 392 TRADE WINDS DR SANTA ROSA BEACH, FL 32459	Title: Name: Address: City-St-Zip:	() Change () Addition	
	5/11/// 11/0 5// BE/10/11, 12 02 100	Oity-0t-2ip.		
Name: Address:	VP () Delete JONES, JENELL 3456 WOOD BEARY RD BIRMINGHAM, AL 35213	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VP () Delete JONES, JENELL 3456 WOOD BEARY RD	Title: Name: Address:	() Change() Addition () Change() Addition	
Name: Address: City-St-Zip: Title: Name: Address:	VP () Delete JONES, JENELL 3456 WOOD BEARY RD BIRMINGHAM, AL 35213 S () Delete MCROBERTS, JOHN 4109 OLD LEEDS RD	Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGRID ESSER MGR 04/07/2009