



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90001 004 ****61.25

DOCUMENT # N05000004230					
1. Entity Name CAMP CROSSING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3402 APALACHEE PARKWAY TALLAHASSEE, FL 32311			Mailing Address 3402 APALACHEE PARKWAY TALLAHASSEE, FL 32311		
2. Principal Place of Business - No P.O. Box # 3968 N. Monroe St.		3. Mailing Address P.O. Box 180657			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL			
Zip 32303		Country USA		4. FEI Number 20-4589430	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMPSON, SUSAN S 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name <u>LeAnn Sbordone</u> Street Address (P.O. Box Number is Not Acceptable) <u>3968 N. Monroe St.</u> City <u>Tallahassee</u> FL Zip Code <u>32303</u>		
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 <u>LeAnn Sbordone</u> <u>LeAnn Sbordone</u> <u>Manager</u> <u>6-25-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D BENNETT, JIMMY R 3402 APALACHEE PARKWAY TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMP, ROBERT C 3402 APALACHEE PARKWAY TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, MICHELE 3402 APALACHEE PARKWAY TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>LeAnn Sbordone</u> <u>LeAnn Sbordone</u> <u>Manager</u> <u>6-25-07</u> <u>562-8708</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		