

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007223

**Entity Name:** CAMELLIA GARDENS CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

1990 VILLAGE GREEN WAY  
SUITE 2  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

P O BOX 13565  
TALLAHASSEE, FL 32317

**FEI Number: 54-2131098**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EDDY, MARIE  
1990 VILLAGE GREEN WAY  
SUITE 2  
TALLAHASSEE, FL 32308 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name TURNER, MICHAEL T  
Address 115 D ST SE APT G8  
City-State-Zip: WASHINGTON DC 20003

Title DVP  
Name LEVINE, STEVE  
Address 3400 OLD BAINBRIDGE ROAD #205  
City-State-Zip: TALLAHASSEE FL 32303

Title DT  
Name HARRIS, EMILY  
Address 3400 OLD BAINBRIDGE ROAD #107  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name LIBBY, JOHN  
Address 3400 OLD BAINBRIDGE RD #402  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name AGUILAR, DIANA  
Address 3400 OLD BAINBRIDGE RD, #509  
City-State-Zip: TALLAHASSEE FL 32303

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL TURNER**

**DP**

**03/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date