

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003177

**FILED**  
**Jan 22, 2023**  
**Secretary of State**  
**1037226569CC**

**Entity Name:** CAMELLIA ACRES/GARDENS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2540  
WOODS VIEW DR.  
MARIANNA, FL 32446

**Current Mailing Address:**

2540 WOODS VIEW DR  
MARIANNA, FL 32446 US

**FEI Number: 59-3343041**

**Certificate of Status Desired: Yes**

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

KEASLING, KAYE  
2540 WOODS VIEW DR.  
MARIANNA, FL 32446 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: KAYE KEASLING**

**01/22/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LONG, WILLIAM  
Address        2554 WOODS VIEW DR.  
City-State-Zip: MARIANNA FL 32446

Title            VICE PRESIDENT  
Name            KEASLING, LARRY  
Address        2540 WOODS VIEW DR.  
City-State-Zip: MARIANNA FL 32446

Title            TREASURER  
Name            SMITH, CLAUDIA T  
Address        4946 WATER OAK DR.  
City-State-Zip: MARIANNA FL 32446

Title            DIRECTOR  
Name            KLAPPAS, CHERRY  
Address        2545 WOODS VIEW DR.  
City-State-Zip: MARIANNA FL 32446

Title            DIRECTOR  
Name            KEEL, MARY E  
Address        4944 WATER OAK DR.  
City-State-Zip: MARIANNA FL 32446

Title            SECRETARY  
Name            KEASLING, KAYE  
Address        2540 WOODS VIEW DR  
City-State-Zip: MARIANNA FL 32446

Title            DIRECTOR  
Name            HOLM, CHERYL  
Address        2560 WOODS VIEW DR  
City-State-Zip: MARIANNA FL 32446

*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: MARY E KEEL**

**DIRECTOR**

**01/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date