

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003177

**FILED**  
**Jan 30, 2013**  
**Secretary of State**  
**CC0949918936**

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

**Current Principal Place of Business:**

2510 WOODS VIEW DR.  
MARIANNA, FL 32446

**Current Mailing Address:**

2510 WOODS VIEW DR.  
MARIANNA, FL 32446

**FEI Number: 59-3343041**

**Certificate of Status Desired: No**

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

SULLIVAN, LINDA C  
2510 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ARGO, LORENA C  
Address 2514WOODSVIEW DR.  
City-State-Zip: MARIANNA FL 32446

Title VP  
Name PENDERGRASS, ALICE  
Address 4541 WOODS VIEW DR.  
City-State-Zip: MARIANNA FL 32446

Title S/T  
Name SULLIVAN, LINDA  
Address 2510 WOODS VIEW DR.  
City-State-Zip: MARIANNA FL 32446

Title D  
Name JOHNSON, ALICE D  
Address 2534 WOODS VIEW DRIVE  
City-State-Zip: MARIANNA FL 32446

Title D  
Name MCCORMICK, CAROLYN  
Address 2533 WOODS VIEW DRIVE  
City-State-Zip: MARIANNA FL 32446

Title D  
Name KLAPPAS, TONY  
Address 2545 WOODS VIEW DRIVE  
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: LINDA SULLIVAN**

**SECRETARY/TREASURER 01/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date