

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003177

Entity Name: CAMELLIA ACRES/GARDENS HOMEOWNERS ASSOCIATION, INC.**FILED**
Jan 04, 2022
Secretary of State
9404076022CC**Current Principal Place of Business:**2566
WOODS VIEW DR.
MARIANNA, FL 32446**Current Mailing Address:**2566 WOODS VIEW DR
MARIANNA, FL 32446 US**FEI Number: 59-3343041****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HERRING, BARBARA
2566 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: BARBARA HERRING****01/04/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRESIDENT
Name LONG, WILLIAM
Address 2554 WOODS VIEW DR.
City-State-Zip: MARIANNA FL 32446Title VICE PRESIDENT
Name KEASLING, LARRY
Address 2540 WOODS VIEW DR.
City-State-Zip: MARIANNA FL 32446Title TREASURER
Name SMITH, CLAUDIA T
Address 4946 WATER OAK DR.
City-State-Zip: MARIANNA FL 32446Title DIRECTOR
Name KLAPPAS, CHERRY
Address 2545 WOODS VIEW DR.
City-State-Zip: MARIANNA FL 32446Title DIRECTOR
Name ARGO, LORENA C.
Address 2514 WOODS VIEW DR.
City-State-Zip: MARIANNA FL 32446Title SECRETARY
Name HERRING, BARBARA
Address 2566 WOODS VIEW DR
City-State-Zip: MARIANNA FL 32446Title DIRECTOR
Name HAMILTON, WAYNE
Address 2506 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: BARBARA HERRING**SECRETARY****01/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date