

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005354

Entity Name: CAMP CREEK POINT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7 TOWN CENTER LOOP
SUITE C16
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**POST OFFICE BOX 1247
SANTA ROSA BEACH, FL 32459 US**FEI Number: 59-3480184****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PLEAT, DAVID
4477 LEGENDARY DRIVE
#202
DESTIN, FL 32541 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:** DAVID PLEAT**04/07/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	BURGHIER, DERICK
Address	POST OFFICE BOX 613428
City-State-Zip:	WATERSOUND FL 32461

Title	DIRECTOR, SECRETARY
Name	VOIGHT, LYDIA
Address	121 MABEL DRIVE
City-State-Zip:	MADISONVILLE LA 70447

Title	DIRECTOR
Name	SNIDER, SUSAN
Address	52 CAMP CREEK POINT DR
City-State-Zip:	PANAMA CITY BEACH FL 32413

Title	PRESIDENT, DIRECTOR
Name	SWIERCZ, ALAN
Address	82 CAMP CREEK POINT
City-State-Zip:	PANAMA CITY BEACH FL 32413

Title	TREASURER, DIRECTOR
Name	MCROBERTS, JIM
Address	122 CAMP CREEK POINT DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32413

Title	DIRECTOR
Name	MEADOWS, KAREN
Address	137 CAMP CREEK POINT DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32413

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: ALAN SWIERCZ**PRESIDENT****04/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date