



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90059 008 ****61.25

DOCUMENT # N02000001911 1. Entity Name CAMERON CHASE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301			Mailing Address 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301		
2. Principal Place of Business 1580 BANNERMAN RD Suite, Apt. #, etc. 2		3. Mailing Address 1580 BANNERMAN RD Suite, Apt. #, etc. 2			
City & State TALLAHASSEE FL		City & State TALLAHASSEE, FL		4. FEI Number 04-3767406	
Zip 32312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GHAZVINI, MEHRDAD 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name: MARIE EDDY Street Address (P.O. Box Number is Not Acceptable): 1580 BANNERMAN RD. # 2 City: TALLAHASSEE FL Zip Code: 32312	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Marie Eddy</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/5/05</u>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ASBURY, THOMAS B 3424 DORCHESTER COURT TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GHAZVINI, MEHRDAD 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NELSON, TERRY C 1437 VIEUX CARRE DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Marie Eddy</u> Date: <u>4/5/05</u> Daytime Phone #: <u>830 894-1919</u>					