## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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## Mar 02, 2006 8:00 am Secretary of State **DOCUMENT # N02000001911** 03-02-2006 90011 041 \*\*\*\*61.25 CAMÉRON CHASE HOMEOWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business yvv: 7113 BEECH RIDGE TRAIL SUITE 1 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 Chg-NP CR2E037 (11/05) 4. FEI Number 04-3767406 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DDU GHAZVINI, MEHRDAD Street Address (P.O. Box Number is Not Acceptable) 1580 BANNERMAN RD TALLAHASSEE FL 32312 ALLAHASSER 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 the obligations of register SIGNATURE \$5.00 May Be 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TIT! F Addition TITLE **D**eiete ASBURY, THOMAS B NAME Battles, Hosea NAME 3424 DORCHESTER COURT 3343 CAMERON CHASE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP Delete Addition TITLE TITLE HARRELL, SCOTT 3342 CAMERON CHASE DR. GHAZVINI. MEHRDAD NAME NAME 2811-E INDUSTRIAL PLAZA STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP 30*9* TITLE Addition TITLE Delete **NELSON, TERRY C** NAME KORTE, SARA 1437 VIEUX CARRE DRIVE STREET ADDRESS RIDGE DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP Addition TITLE ☐ Delete TITL F HORNE, Bettye NAME NAME STREET ADDRESS STREET ADDRESS DN I CITY-ST-7/P CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of 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 attackment with an address, with all other like empowered.

ICER OR DIRECTOR

FILED

Daytime Phone #