

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90041 042 ****61.25

DOCUMENT # N02000001911

1. Entity Name
CAMERON CHASE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**7113 BEECH RIDGE TRAIL SUITE 1
TALLAHASSEE, FL 32312**

Mailing Address
**7113 BEECH RIDGE TRAIL SUITE 1
TALLAHASSEE, FL 32312**

2. Principal Place of Business - No P.O. Box #
**1607 Village Square Blvd
Suite 8
Tallahassee, FL
32309 USA**

3. Mailing Address
**1607 Village Square Blvd
Suite 8
Tallahassee, FL
32309 USA**

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
04-3767406

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**EDDY, MARIE
7113 BEECH RIDGE TRAIL
STE. 1
TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent
**Name: EDDY, MARIE
Street Address (P.O. Box Number is Not Acceptable):
1607 VILLAGE SQUARE BLVD
Suite 8
City: TALLAHASSEE FL Zip Code: 32309**

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 *Marie Eddy* DATE 1/16/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATTLES, HOSEA		NAME		
STREET ADDRESS	3343 CAMERON CHASE DR		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32309		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRELL, SCOTT		NAME		
STREET ADDRESS	3342 CAMERON CHASE DR		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32309		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KORTE, SARA		NAME		
STREET ADDRESS	3309 AQUA RIDGE DR		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32309		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORNE, BETTYE		NAME		
STREET ADDRESS	3314 DRY CREEK DR		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32309		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 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: *Marie Eddy* DATE: 1/16/08 DAYTIME PHONE: 850-894-1915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR