

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001911

FILED
Mar 16, 2009
Secretary of State

Entity Name: CAMERON CHASE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1607 VILLAGE SQUARE BLVD
SUITE 8
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

1607 VILLAGE SQUARE BLVD
SUITE 8
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 04-3767406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDDY, MARIE
1607 VILLAGE SQUARE BLVD
SUITE 8
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATTLES, HOSEA
Address: 3343 CAMERON CHASE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD () Delete
Name: HARRELL, SCOTT
Address: 3342 CAMERON CHASE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: STD () Delete
Name: KORTE, SARA
Address: 3309 AQUA RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: HORNE, BETTYE
Address: 3314 DRY CREEK DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARRELL, SCOTT
Address: 3342 CAMERON CHASE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change () Addition
Name: KORTE, SARA
Address: 3309 AQUA RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change () Addition
Name: FORSHAY, PAUL
Address: 3413 AQUA RIDGE WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Change (X) Addition
Name: BEVERLY, DAVID
Address: 2720 BRETON RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIE EDDY

MGR

03/16/2009

Electronic Signature of Signing Officer or Director

Date