

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007223

FILED
May 01, 2006
Secretary of State

Entity Name: CAMELLIA GARDENS CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

3400 OLD BAINBRIDGE ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 54-2131098 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TURNER, MICHAEL T
Address: 3400 OLD BAINBRIDGE RD. #207
City-St-Zip: TALLAHASSEE, FL 32303

Title: DV () Delete
Name: WILLIS, GRANT
Address: 3400 OLD BAINBRIDGE RD. # 510
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete
Name: VICKERS, RANDY
Address: 3400 OLD BAINBRIDGE RD. #204
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT () Delete
Name: KENNEDY, DAVID
Address: 3205 RIDGELAND COURT (UNIT 202)
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: FOKES, ELLEN
Address: 3400 OLD BAINBRIDGE RD. # 106
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DT (X) Change () Addition
Name: PEACOCK, SHERI
Address: 3400 OLD BAINBRIDGE #604
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change () Addition
Name: LEVINE, STEVE
Address: 3400 OLD BAINBRIDGE RD. # 205
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL TURNER

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date