

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007223

FILED  
Apr 29, 2007  
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 ( )

**Name and Address of Current Registered Agent:**

ISAACS, DAN L  
431 WAVERLY ROAD  
TALLAHASSEE, FL 32312 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: 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: PEACOCK, SHERI  
Address: 3400 OLD BAINBRIDGE #604  
City-St-Zip: TALLAHASSEE, FL 32303

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV (X) Change ( ) Addition  
Name: DAMASIEWICZ, MIKE  
Address: 3400 OLD BAINBRIDGE RD. # 410  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS (X) Change ( ) Addition  
Name: WONG, MOSES  
Address: 3400 OLD BAINBRIDGE RD. #206  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

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: MICHAEL TURNER

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date