

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