

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90002 015 ****61.25

DOCUMENT # N04000009713

1. Entity Name
CAMRYN'S CROSSING OWNERS ASSOCIATION, INC.



40110000



Principal Place of Business
**2402 DRAGONFLY LANE
PANAMA CITY, FL 32405**

Mailing Address
**PO BOX 0166
LYNN HAVEN, FL 32444**

2. Principal Place of Business - No P.O. Box #
2310 CAMRYN'S CROSSING

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192008 Chg-NP CR2E037 (12/06)

City & State
PANAMA CITY, FL

City & State

4. FEI Number
20-2726018

Applied For
Not Applicable

Zip
32405

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, JACK G
502 HARMON AVE.
PANAMA CITY, FL 32401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHAFER, BRIAN
2402 DRAGONFLY LANE
PANAMA CITY, FL 32405** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MICHELLE ALLISON
2310 CAMRYN'S CROSSING
PANAMA CITY, FL 32405** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OLIVER, MINDI
2506 CAMRYN'S CROSSING DRIVE
PANAMA CITY, FL 32405** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GENYA GARRETT
2315 CAMRYN'S CROSSING
PANAMA CITY, FL 32405** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HART, KYM
2206 CAMRYN'S CROSSING DRIVE
PANAMA CITY, FL 32405** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AMANDA FERRELL
2709 CAMRYN'S COURT
PANAMA CITY, FL 32405** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DARLENE DURSO
2401 CAMRYN'S CROSSING
PANAMA CITY, FL 32405** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARY HERN
2312 CAMRYN'S CROSSING
PANAMA CITY, FL 32405** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

MARY HERN

SEPTEMBER 9, 2008

850-332-0927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #