2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2009
Secretary of State

DOCUMENT# N04000009713

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

Current Principal Place of Business:

2310 CAMRYN'S CROSSING
PANAMA CITY, FL 32405

New Principal Place of Business:

2315 CAMRYN'S CROSSING
PANAMA CITY, FL 32405

Current Mailing Address:

PO BOX 0166
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 20-2726018 **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:

WILLIAMS, JACK G
502 HARMON AVE.
PANAMA CITY, FL 32401 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: P ( ) Delete
Name: ALLISON, MICHELLE
Address: 2310 CAMRYN'S CROSSING
City-St-Zip: PANAMA CITY, FL 32405

Title: T ( ) Delete
Name: GARRETT, GENYA
Address: 2315 CAMRYN'S CROSSING
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: FERRELL, AMANDA
Address: 2709 CAMRYN'S COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: DURSO, DARLENE
Address: 2401 CAMRYN'S CROSSING
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: HERN, MARY
Address: 2312 CAMRYN'S CROSSING
City-St-Zip: PANAMA CITY, FL 32405

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

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: GENYA GARRETT MRS. 06/19/2009
Electronic Signature of Signing Officer or Director — Date