

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009713

FILED  
May 16, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2315 CAMRYN'S CROSSING  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

2506 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:**

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

WILLIAMS, JACK G  
502 HARMON AVE.  
PANAMA CITY, FL 32401      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:** BM  
**Name:** OLIVER, MINDI  
**Address:** 2506 CAMRYN'S CROSSING  
**City-St-Zip:** PANAMA CITY, FL 32405

**Title:** BM  
**Name:** SCHAFER, BRIAN  
**Address:** 2402 DRAGONFLY LANE  
**City-St-Zip:** PANAMA CITY, FL 32405

**Title:** BM  
**Name:** HART, KYM  
**Address:** 2206 CAMRYN'S CROSSING  
**City-St-Zip:** PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

SIGNATURE: BRIAN SCHAFER

BM

05/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date