

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009713

FILED  
Jan 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2506 CAMRYN'S CROSSING  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

2827 JOAN AVENUE  
SUITE B  
PANAMA CITY BEACH, FL 32408

**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 ( )**

**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: PD  
Name: OLIVER, MINDI  
Address: 2506 CAMRYN'S CROSSING  
City-St-Zip: PANAMA CITY, FL 32405

Title: VPD  
Name: THOMPSON, CHARLES  
Address: 2314 CAMRYN'S CROSSING  
City-St-Zip: PANAMA CITY, FL 32405

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

Title: TD  
Name: FRANCES, SCHOFIELD  
Address: 2403 CAMRYN'S CROSSING  
City-St-Zip: PANAMA CITY, FL 32405

Title: D  
Name: DAY, TERRY  
Address: 2706 CAMRYN'S COURT  
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: TAMMY MALLORY

MGR

01/16/2012

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

\_\_\_\_\_  
Date