2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04498

FILED Jan 14, 2009 Secretary of State

Entity Name: RAMSGATE TOWNHOMES AT CAMP CREEK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

239 KILMARNOCK DRIVE MILLERSVILLE, MD 21108

Current Mailing Address: New Mailing Address:

239 KILMARNOCK DRIVE MILLERSVILLE, MD 21108

FEI Number: 58-1557179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MEAD, MITCHELL WM 24 WALTER MARTIN ROAD FT. WALTON BEACH, FL 32548 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 HAMILTON, HUBERT
 Name:
 HAMILTON, HUBERT

 Address:
 476 SOUTH CREST RD
 Address:
 1027 LAKESHORE LANE

Address: 476 SOUTH CREST RD Address: 1027 LAKESHORE LANE
City-St-Zip: CHATTANOOGA, TN 37404 City-St-Zip: CHATTANOOGA, TN 37415

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 MASSEY, MARSHA

 Name:
 MASSEY, MARSHA

Address: 533 PLANTATION RD Address: 255 FRANKLIN ROAD City-St-Zip: GRAY, GA 31032 City-St-Zip: MACON, GA 31220

Title: T () Delete Title: () Change () Addition

 Name:
 STRAIGHT, DENISE
 Name:

 Address:
 239 KILMARNOCK DRIVE
 Address:

 City-St-Zip:
 MILLERSVILLE, MD 21108
 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: DENISE D. STRAIGHT TREA 01/14/2009