

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007356

FILED
Mar 19, 2008
Secretary of State

Entity Name: CAMELLIA TRACE CONDOMINIUMS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

800 NW 19TH AVE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-4602639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUSAMAN, JEFFREY
C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 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: DS () Delete
Name: BERAN, BECKY
Address: 810 A NW 19TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: DP () Delete
Name: WALLIS, KATE
Address: 800D NW 19TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: DT () Delete
Name: SOUTHERS, JOSH
Address: 820B NW 19TH AVE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: MILLSTEIN, MAXX
Address: 217 N PALM WAY
City-St-Zip: LAKE WORTH, FL 33460

Title: TD (X) Change () Addition
Name: WALLIS, KATE
Address: 800D NW 19TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: PD (X) Change () Addition
Name: SOUTHERS, JOSH
Address: 820B NW 19TH AVE
City-St-Zip: GAINESVILLE, FL 32607

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: JOSH SOUTHERS

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03/19/2008

Electronic Signature of Signing Officer or Director

Date