2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000352

1. Entity Name
CAMELLIA GREEN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
409 E COLLEGE AVE RUSKIN, FL 33570	PO BOX 1058 RUSKIN, FL 33570

DO NOT WRITE IN THIS SPACE

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02182008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
20-4478849	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIMMER, KATHY E
409 E COLLEGE AVE
RUSKIN, FL 33575

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BRITTON, LINDA
STREET ADDRESS	735 CAMELLIA GREA DR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	VP
NAME	MCGARY, CAMALIA
STREET ADDRESS	730 CAMELLIA GREEN DR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	ST
NAME	BUTLER, RAYMOND
STREET ADDRESS	713 CAMALLIA GREEN DR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Britton*   2/26/2008   813-645-1549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #