2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# N35872

Entity Name: CAMERON OAKS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O KIMBERLY SPEAR
4700 BAYSIDE BLVD.
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

C/O KIMBERLY SPEAR
4700 BAYSIDE BLVD.
MILTON, FL 32583 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

SPEAR, KIMBERLY
4700 BAYSIDE BLVD.
MILTON, FL 32583 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: VPD ( ) Delete
Name: NICHOLSON, NICK
Address: 4713 BAYSIDE BLVD
City-St-Zip: MILTON, FL 32583

Title: SD ( ) Delete
Name: GREEN, JEANNIE
Address: 4706 BAYSIDE BLVD.
City-St-Zip: MILTON, FL 32583

Title: PD ( ) Delete
Name: SPEAR, KIMBERLY
Address: 4700 BAYSIDE BLVD.
City-St-Zip: MILTON, FL 32583

Title: TD ( ) Delete
Name: SNYDER, AMY
Address: 4736 BAYSIDE BLVD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: KIMBERLY SPEAR MS 05/13/2008
Electronic Signature of Signing Officer or Director — Date