FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001730 (0)

1. Corporation Name
CAMP CREEK LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~BX 586 R.R. #6~~	~~BX 586, R.R. #6~~
PANAMA CITY FL 32413	PANAMA CITY FL 32413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report:
4. FEI Number: 59-3243326 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 239 Pelican Circle	26 239 Pelican Circle, PCB, FL 32413
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Panama City Bch, FL	28 City & State: Panama City Bch, FL
24 Zip: 32413 — 25 County	29 Zip: 32413 — 30 Country

9. Name and Address of Current Registered Agent

VANDEVER, LOUISE J
~~BOX 586, R.R. #6~~
PANAMA CITY FL 32413

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 239 Pelican Circle
83
84 City: Panama City Beach — FL — 85 Zip Code: 32413

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/S	11 TITLE	☐ Change ☐ Addition
NAME	VANDEVER, LOUISE	12 NAME	
STREET ADDRESS	RT. 6 BOX 586	13 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32413	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	HOLLENBECK, PAUL E	22 NAME	HARRY MEIER
STREET ADDRESS	31 PELICAN CIRCLE	23 STREET ADDRESS	409 PELICAN CIRCLE
CITY-ST-ZIP	PANAMA CITY FL 32413	24 CITY-ST-ZIP	PANAMA City Bch., FL 32413
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	QUATTLEBAUM, HOWARD	32 NAME	
STREET ADDRESS	405 HOLLY HILLS RD.	33 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE AL 36330	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	VP ☒ Change ☐ Addition
NAME	HOWICK, EMMA S	42 NAME	STEVE TAYLOR
STREET ADDRESS	P.O. BOX 4923 N/A	43 STREET ADDRESS	379 PELICAN Circle
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	44 CITY-ST-ZIP	PANAMA City Bch, FL 32413
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	MENARD, RICHARD	52 NAME	MARTIN ELDER
STREET ADDRESS	P.O. BOX 4608 N/A	53 STREET ADDRESS	3265 FARRINGTON WOOD
CITY-ST-ZIP	SEASIDE FL 32459	54 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	D	61 TITLE	T/D ☐ Change ☒ Addition
NAME	ACREE, WALTER	62 NAME	GERALD Hudson
STREET ADDRESS	18 PELICAN CIRCLE	63 STREET ADDRESS	4348 Ivywood Dr. N.E
CITY-ST-ZIP	PANAMA CITY FL 32413	64 CITY-ST-ZIP	MARIETTA, GA 30062

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louise J. VanDever, Secretary — 24 APRIL 1995 — (904) 231-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Louise J. VANDEVER

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