

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001730 (0)

1. Corporation Name

CAMP CREEK LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

239 PELICAN CIRCLE
PANAMA CITY BEACH FL 32413
US

239 PELICAN CIRCLE
PANAMA
PANAMA CITY FL 32413
US

3. Date Incorporated or Qualified

04/07/1994

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3243326

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDEVER, LOUISE J
239 PELICAN CIRCLE
PANAMA CITY BEACH FL 32413

81 Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VANDEVER, LOUISE	
STREET ADDRESS	RT. 6 BOX 586	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEIER, HARRY	
STREET ADDRESS	409 PELICAN CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUATTLEBAUM, HOWARD	
STREET ADDRESS	405 HOLLY HILLS RD.	
CITY-ST-ZIP	ENTERPRISE AL 36330	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, STEVE	
STREET ADDRESS	373 PELICAN CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELDER, MARTIN	
STREET ADDRESS	3285 FARRINGTONWOOD	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, GERALD	
STREET ADDRESS	4348 IVYWOOD DR. NE	
CITY-ST-ZIP	MARIETTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	239 Pelican Circle	
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EMMASUE HOWICK	
3.3 STREET ADDRESS	266 Pelican Circle	
3.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL. 32413	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Charlotte Quinn	
6.3 STREET ADDRESS	321 Pelican Circle	
6.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	

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)(k), Florida Statutes. I further certify that the information indicated on this 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 changed, or on an attachment with an address.

SIGNATURE:

Louise J. Vandever Louise J. Vandever

3/26/96 (904) 231-4944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)