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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001730 (0)**

1. Corporation Name

CAMP CREEK LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 239 PELICAN CIRCLE PANAMA CITY BEACH FL 32413 US	Mailing Address 239 PELICAN CIRCLE PANAM PANAMA CITY FL 32413-7019 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/07/1994	3a. Date of Last Report 03/27/1996
4. FEI Number 59-3243326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VANDEVER, LOUISE J 239 PELICAN CIRCLE PANAMA CITY BEACH FL 32413	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *Louise J. Vandever, Louise J. Vandever, Registered Agent & SD* **2 APRIL 1997**
(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	SD <input type="checkbox"/> DELETE
NAME	VANDEVER, LOUISE
STREET ADDRESS	239 PELICAN CIRCLE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MEIER, HARRY
STREET ADDRESS	409 PELICAN CIRCLE
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HOWICK, EMMASUE
STREET ADDRESS	288 PELICAN CIRCLE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TAYLOR, STEVE
STREET ADDRESS	373 PELICAN CIRCLE
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ELDER, MARTIN
STREET ADDRESS	3285 FARRINGTONWOOD
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	D <input type="checkbox"/> DELETE
NAME	QUINN, CHARLOTTE
STREET ADDRESS	321 PELICAN CIRCLE
CITY-ST-ZIP	PANAMA CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TD SUZANNE SMITH
5.3 STREET ADDRESS	328 PELICAN CIRCLE
5.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE *Louise J. Vandever, Louise J. Vandever, Registered Agent & SD* **2 APRIL 1997**

CR2E037 (9/96)