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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 PANAMA PANAMA CITY FL 32413 US
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3. Date Incorporated or Qualified 04/07/1994
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4. FEI Number 59-3243326	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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

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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	HOWICK, EMMASUE
STREET ADDRESS	266 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 type="checkbox"/> DELETE
NAME	SMITH, SUZANNE
STREET ADDRESS	363 PELICAN CIRCLE
CITY-ST-ZIP	PANAMA CITY BCH FL
TITLE	D <input checked="" 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	Director / Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mattern, David
1.3 STREET ADDRESS	1063 Douglas Rd
1.4 CITY-ST-ZIP	Huntsville AL 35806
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	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lowry, Richard
3.3 STREET ADDRESS	233 Pelican Circle
3.4 CITY-ST-ZIP	Panama City Beach, FL 32413
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	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chiccarelli, Elvina
5.3 STREET ADDRESS	406 Pelican Circle
5.4 CITY-ST-ZIP	Panama City Beach, FL 32413
6.1 TITLE	Director VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Laws, Kimberly
6.3 STREET ADDRESS	377 Pelican Circle
6.4 CITY-ST-ZIP	Panama City Beach, FL 32413

14. I 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: *[Signature]* 3/30/98 850-231-6214

CR2E037 (10/97)