

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90093 045 ****61.25

DOCUMENT # N94000001730

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
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/07/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3243326

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☐ DELETE
NAME MATTERN, DAVID
STREET ADDRESS 1063 DOUGLAS RD
CITY-ST-ZIP HUNTSVILLE AL 35806

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME MEIER, HARRY
STREET ADDRESS 409 PELICAN CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Kim Laws
2.3 STREET ADDRESS 377 Pelican Circle
2.4 CITY-ST-ZIP Panama City Beach, FL 32413

TITLE D ☐ DELETE
NAME LOWRY, RICHARD
STREET ADDRESS 233 PELICAN CIRCLE
CITY-ST-ZIP PANAMA CITY FL 32413

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME PD
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME TAYLOR, STEVE
STREET ADDRESS 373 PELICAN CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Ken Cox
4.3 STREET ADDRESS 106 Forest Terrace
4.4 CITY-ST-ZIP Troy, AL 36081

TITLE TD ☐ DELETE
NAME SMITH, SUZANNE
STREET ADDRESS 363 PELICAN CIRCLE
CITY-ST-ZIP PANAMA CITY BCH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CHICCARELLI, ELVINA
STREET ADDRESS 406 PELICAN CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne C. Smith 4/3/99 850-231-0214
Date Daytime Phone #

CR2E037 (11/98)