

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91195 015 \*\*\*\*61.25

**DOCUMENT # N94000001730**

1. Entity Name  
**CAMP CREEK LAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>233 PELICAN CIRCLE          PANAMA CITY BEACH FL 32413          US</b>	Mailing Address <b>233 PELICAN CIRCLE          PANAMA CITY BEACH FL 32413          US</b>
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2. Principal Place of Business <b>409 PELICAN CIRCLE</b> Suite, Apt. #, etc.	3. Mailing Address <b>409 PELICAN CIRCLE</b> Suite, Apt. #, etc.
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City & State <b>PANAMA CITY BEACH, FL</b>	City & State <b>PANAMA CITY BEACH, FL</b>
Zip <b>32413</b>	Country <b>USA</b>

4. FEI Number <b>59-3243326</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOWRY, RICHARD  
 233 PELICAN CIRCLE  
 PANAMA CITY BEACH FL 32413**

7. Name and Address of New Registered Agent

Name **MEIER, HARRY G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**409 PELICAN CIRCLE**  
 City **PANAMA CITY BEACH, FL** Zip Code **32413**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *[Signature]* DATE **4/4/02**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MATTERN, DAVID 1063 DOUGLAS RD HUNTSVILLE AL 35806</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SHAFFER, JO 4073 FIELD DR WHEAT RIDGE CO 80033</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LOWRY, RICHARD 233 PELICAN CIRCLE PANAMA CITY FL 32413</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SYLVAN, RICHARD 923 RIVERCHASE TRAIL DULUTH GA 30096</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MCDANIEL, RONALD 91 PELICAN CIRCLE PANAMA CITY FL 32413</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEIER, HARRY 409 PELICAN CIRCLE PANAMA CITY FL 32413</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COX, PEGGY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV SHAFFER, JO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS LOWRY, RICHARD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SYLVAN, RICHARD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARMON, CHARLES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MEIER, HARRY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRE D.G. Meier 4/14/02 850-231-1202**

CR2E037 (9/01)

Attachment # 1

N94000001730  
665036

11. <i>More</i> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SHERLING, ED</i>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition