

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000003488**

1. Entity Name

CAMP CREEK COVE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

**404 JENKS AVENUE
PANAMA CITY FL 32401**

Mailing Address

**402 JENKS AVENUE
PANAMA CITY FL 32401**

2. Principal Place of Business

3. Mailing Address

404 Jenks Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3447437

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIOIELLO, JOHN L ESQ.
402 JENKS AVENUE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

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

404 Jenks Avenue

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STABELL, PETER B	
STREET ADDRESS	404 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

TITLE	TD	<input type="checkbox"/> Delete
NAME	STABELL, JASON P	
STREET ADDRESS	404 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ANDERS, JIM	
STREET ADDRESS	404 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

TITLE	S	<input type="checkbox"/> Delete
NAME	STABELL, KAARINA M	
STREET ADDRESS	404 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: REAGIM Anders**July 24, 2001****865-8585****FILED
Jul 24, 2001 8:00 am
Secretary of State**

07-24-2001 90017 022 ****61.25

C0073929

DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)