

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90373 006 \*\*\*\*61.25

**DOCUMENT # N96000005354**

1. Entity Name  
CAMP CREEK POINT HOMEOWNERS ASSOCIATION,  
INC.



Principal Place of Business  
225 MAIN ST  
#6  
DESTIN, FL 32541 US

Mailing Address  
P O BOX 1895  
DESTIN, FL 32540 US

50016262



2. Principal Place of Business  
114 Palmetto St  
Suite, Apt. #, etc.  
#2

3. Mailing Address

Suite, Apt. #, etc.

04172006 Chg-NP CR2E037 (11/05)

City & State  
DESTIN, FL

City & State

4. FEI Number  
59-3480184

Applied For  
Not Applicable

Zip  
32541

Country

OKALOOSA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEACOAST ASSOC MGMT INC  
C/O CAMP CREEK RD HOA  
225 MAIN ST #6  
DESTIN, FL 32541

SeaCoast Association Management  
114 Palmetto Street #2  
Destin, FL 32541

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Walter Lerner*

4.20.6

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SAIDER, SUSAN  
392 TRADE WINDS DR  
SANTA ROSA BEACH, FL 32459 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SNIDER, SUSAN ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
JONES, JENELL  
3456 WOOD BEARY RD  
BIRMINGHAM, AL 35213 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
MEROSERTS, JOHN  
4109 OLD LEEDS RD  
BIRMINGHAM, AL 35213 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Mc Roberts, JOHN ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SEACOAST ASSOC MGMT INC  
225 MAIN ST  
DESTIN, FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
114 PALMETTO ST. #2

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jim Meadows  
618 Clairemont Ave  
Decatur, GA 30030 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the empowered.

SIGNATURE:

*Walter Lerner*

4.20.6 850.454.4540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #