

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90011 006 ****61.25

DOCUMENT # N96000005354					
1. Entity Name CAMP CREEK POINT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 114 PALMETTO ST #2 DESTIN, FL 32541 US			Mailing Address P O BOX 1895 DESTIN, FL 32540 US		
2. Principal Place of Business - No P.O. Box # 12273 U.S. Hwy 98		3. Mailing Address P.O. Box 1895			
Suite, Apt. #, etc. Suite 204A		Suite, Apt. #, etc.			
City & State Destin FL		City & State Destin FL		4. FEI Number 59-3480184	
Zip 32550		Country Walken		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32540		Country Okaloosa		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SEACOST ASSOC MGMT INC. 114 PALMETTO STREET #2 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name: Seacoast Association Management Inc. Street Address (P.O. Box Number is Not Acceptable): c/o Walt Leirer 12273 U.S. Hwy 98 Suite 204A City: Destin FL Zip Code: 32550		
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 <u>Walt Leirer</u> 3.22.7 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME SNIDER, SUSAN STREET ADDRESS 392 TRADE WINDS DR CITY-ST-ZIP SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete		TITLE MGR NAME Walt Leirer STREET ADDRESS 12273 U.S. Hwy 98 Suite 204A CITY-ST-ZIP Destin FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME JONES, JENELL STREET ADDRESS 3456 WOOD BEARY RD CITY-ST-ZIP BIRMINGHAM, AL 35213	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MCROBERTS, JOHN STREET ADDRESS 4109 OLD LEEDS RD CITY-ST-ZIP BIRMINGHAM, AL 35213	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME SEACOST ASSOC MGMT INC STREET ADDRESS 114 PALMETTO ST #2 CITY-ST-ZIP DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MEADOWS, JIM STREET ADDRESS 618 CLAIREMENT AVE CITY-ST-ZIP DECATUR, GA 30030	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE Walt Leirer 3.22.7