

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000000721**

1. Entity Name

**CAMELLIA OWNERS ASSOCIATION, INC.**



Principal Place of Business

**11635 LADY CLARE COURT  
JACKSONVILLE FL 32223**

Mailing Address

**11635 LADY CLARE COURT  
JACKSONVILLE FL 32223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number  
**59-3430334**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KACZOROWSKI, AARON  
11647 LADY CLARE COURT  
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name

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

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

**U00000572302  
07/25/06-80025-003 61.25**

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  
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

TITLE **D** ☐ Delete  
NAME **DUNN, HARRIS**  
STREET ADDRESS **11623 LADY CLARE CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **PTD** ☐ Delete  
NAME **MCGREGOR, MELANIE**  
STREET ADDRESS **11635 LADY CLARE CT.**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **VD** ☒ Delete  
NAME **ALBERTELLI, DAVID**  
STREET ADDRESS **11610 LADY CLARE COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☐ Delete  
NAME **MICELI, ELLEN**  
STREET ADDRESS **11659 LADY CLARE COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **SD** ☐ Delete  
NAME **KACZOROWSKI, AARON**  
STREET ADDRESS **11647 LADY CLARE COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

*M. Harris* *M. McGregor* *M. Albertelli* *M. Miceli* *M. Kaczorowski* *7/25/06*