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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738496 (9)

1. Corporation Name

CAMELOT VILLAGE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6610 MOONLIT DRIVE
DELRAY BEACH FL 334466610 MOONLIT DRIVE
DELRAY BEACH FL 33446-16123. Date Incorporated or Qualified
03/29/19773a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1804012

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARKSKY, ED
14882 WILDFLOWER LANE
DELRAY BEACH FL 33446

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAMINITI, ANTHONY	
STREET ADDRESS	14745 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KREVSKEY, SEYMOUR	
STREET ADDRESS	6830 MOONLIT DR.	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ERIN DAUGHTER MURRAY	
STREET ADDRESS	6702 MOONLIT DR.	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, LILLIAN	
STREET ADDRESS	6722 MOONLIT DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARKSKY, ED	
STREET ADDRESS	14882 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANTONACCI, ROCCO	
STREET ADDRESS	14024 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D RICHARD CHAYET
1.3 STREET ADDRESS	14914 WILDFLOWER LANE
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D LOU HOLTZMAN
2.3 STREET ADDRESS	6838 MOONLIT DR.
2.4 CITY-ST-ZIP	DELRAY BEACH, FLA 33446
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D JULIUS FRIEDMAN
3.3 STREET ADDRESS	14740 WILDFLOWER LANE
3.4 CITY-ST-ZIP	DELRAY BEACH, FLA 33446
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043297

CR2E037 (9/96)