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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90062 049 \*\*\*\*61.25

0045197

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 738496**

1. Corporation Name

**CAMELOT VILLAGE ASSOCIATION, INC.**

Principal Place of Business

6610 MOONLIT DRIVE  
DELRAY BEACH FL 33446

Mailing Address

6610 MOONLIT DRIVE  
DELRAY BEACH FL 33446



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**03/29/1977**

4. FEI Number

**59-1804012**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**BARSKY, ED**  
**14882 WILDFLOWER LANE**  
**DELRAY BEACH FL 33446**

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **VD**  
STREET ADDRESS **CAMINITI, ANTHONY**  
CITY-ST-ZIP **14745 WILDFLOWER LANE**  
**DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **TD**  
STREET ADDRESS **KREVSKEY, SEYMOUR**  
CITY-ST-ZIP **6830 MOONLIT DR.**  
**DELRAY BCH, FL 00000**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **CHAYET, RICHARD**  
CITY-ST-ZIP **14914 WILDFLOWER LANE**  
**DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **HARRIS, LILLIAN**  
CITY-ST-ZIP **6722 MOONLIT DRIVE**  
**DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **BARSKY, ED**  
CITY-ST-ZIP **14882 WILDFLOWER LANE**  
**DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **HOLTZMAN, LOU**  
CITY-ST-ZIP **6838 MOONLIT DR**  
**DELRAY BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**D JULIUS FRIEDMAN**  
**14740 WILDFLOWER LANE**  
**DELRAY BEACH, FLA 33446**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 171, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary - Treasurer

Camelot Village Assoc Inc.

1-5-99 (561) 499-7000

Date

Daytime Phone #

CR2E037 (11/98)