## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # 738496  1. Entity Name CAMELOT VILLAGE ASSOCIATION, INC.				GA I	Secretary of State 04-11-2005 90197 016 ****61.25		
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Principal Place of Business     3. Ma		3. Mailing Address			<u> </u>	<b>)                                    </b>	THE STATE OF THE STA
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052005 Chg	J-NP CR2E03	7 (10/03)	
City & State		City & State		4. FEI Number 59-1804012		<u> </u>	olied For Applicable
Zip	Country	· Zip	Country	5. Certificate of Stat		<b>\$8.75</b> Addir Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Addre	ess of New Registered A	gent	
			Name				
BLAKE, JOAN 6828 MOONLIT DR DELRAY BEACH, FL 33446			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
DELICATE	EACH, FC 33440						
			City		FL	Zip Code	
the obligati	named entity submits this statement for one of registered agent.  Signature, specific printed name of registered agent as	Pake		required when reinstating)	he State of Florida. I am f	amiliar with, a	and accept
Filling Fee Is \$61.25 9. Election Campa				\$5.00 May Be	Make check		
	Due by May 1, 2005	Trust Fund Cor	ntribution. C	Added to Fees	Florida Depart	tment of St	
10.	OFFICERS AND DIRE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.70 0000000 440 00	TOTODO IN	
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k i	D PRESIDENT	ECTORS Delete	TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S TO OFFICERS AND DIF	RECTORS IN Change	
NAME	BUCKSBAUM, ALVIN			ADDITIONS/CHANGE	S TO OFFICERS AND DIE		10
k i	BUCKSBAUM, ALVIN 14776 WILDFLOWER LANE		TITLE Name	ADDITIONS/CHANGE	S TO OFFICERS AND DIE		10
NAME STREET ADDRESS	BUCKSBAUM, ALVIN 14776 WILDFLOWER LANE DELRAY BEACH, FL 33446		NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGE PRESIDENT			10
NAME STREET ADDRESS CITY-ST-ZIP	BUCKSBAUM, ALVIN 14776 WILDFLOWER LANE DELRAY BEACH, FL 33446	☐ Delicte .	NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGE PRESIDENT  DIRECTOR MARVIV ROS	EN HOLTZ	Change	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP TILE	BUCKSBAUM, ALVIN  14776 WILDFLOWER LANE DELRAY BEACH, FL 33446  P D/RECTOR BLAKE, JOAN 6828 MOONLIT DR.	☐ Delicte .	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE PRESIDENT  DIRECTOR MARVIV ROS 14840 WILDFL	EN HOLTZ OWER LANG	Change	10 Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SICINING OFFICER OR DIRECTOR

Onto

Dayling Phone I