

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-11-2005 90197 016 ****61.25

DOCUMENT # 738496					
1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1804012	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAKE, JOAN 6828 MOONLIT DR DELRAY BEACH, FL 33446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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>Joan Blake</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY - ST - ZIP	D PRESIDENT <input type="checkbox"/> Delete BUCKSBAUM, ALVIN 14776 WILDFLOWER LANE DELRAY BEACH, FL 33446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARVIN ROSENHOLTZ 14840 WILDFLOWER LANE DELRAY BEACH FL 33446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIRECTOR <input type="checkbox"/> Delete BLAKE, JOAN 6828 MOONLIT DR. DELRAY BEACH, FL 33446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARVIN ROSENHOLTZ 14840 WILDFLOWER LANE DELRAY BEACH FL 33446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <input checked="" type="checkbox"/> Delete ROBBINS, REVIE 6816 MOONLIT DR DELRAY BEACH, FL 33446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition ELLIOT LEVINE 14906 WILDFLOWER LANE DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DIRECTOR <input type="checkbox"/> Delete OPPENHEIM, GERALD 6877 MOONLIT DR DELRAY BEACH, FL 33446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT GUTTERSON 14856 WILDFLOWER LANE DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input checked="" type="checkbox"/> Delete DASSA, MORRIS 6885 MOONLIT DR DELRAY BEACH, FL 33446		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition JERRY LEVENSTEIN 6675 MOONLIT DR DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete COMRAS, PETER DR 14894 WILDFLOWER LN DELRAY BEACH, FL 33446				
12. 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 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: <u>Alvin Bucksbaum Pres</u> 4/15/05 561-499-7000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					