

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90354 032 \*\*\*\*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**

**30143106**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1804012**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CHAYET, RICHARD  
6610 MOONLIT DRIVE  
DELRAY BEACH FL 33446~~

Name **JULIUS FRIEDMAN**

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

**17140 WILD FLOWER LANE**

City

**DELRAY BEACH FL**

Zip Code

**33446**

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

*Julius Friedman*

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

(NOTE: Registered Agent signature required when reinstating)

**7/15/2003**

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D / P** ☐ Delete  
NAME **FRIEDMAN, JULIUS**  
STREET ADDRESS **17140 WILDFLOWER LANE**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **RD / SEC** ☐ Change ☒ Addition  
NAME **REVIE ROBBINS**  
STREET ADDRESS **6816 MOONLIT DR**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D / VP** ☐ Delete  
NAME **BLAKE, JOAN**  
STREET ADDRESS **6828 MOONLIT DR.**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☐ Change ☒ Addition  
NAME **DR. PETER COMRAS**  
STREET ADDRESS **14894 WILDFLOWER LANE**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **P** ☒ Delete  
NAME **CHAYET, RICHARD**  
STREET ADDRESS **14914 WILDFLOWER LANE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **ELLIOT LEVINE**  
STREET ADDRESS **14906 WILDFLOWER LANE**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VP / TRES / D** ☐ Delete  
NAME **OPPENHEIM, GERALD**  
STREET ADDRESS **6877 MOONLIT DR**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

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

TITLE **RD** ☐ Delete  
NAME **DASSA, MORRIS**  
STREET ADDRESS **6885 MOONLIT DR**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

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

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

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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/03 561-499-7000**

Date Daytime Phone #

CR2E037 (4/03)