

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrham  
Secretary of State  
DIVISION OF CORPORATIONS

CORPORATION  
ANNUAL REPORT  
**1995**

**APPROVED AND FILED**  
95 MAY -1 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE

**DOCUMENT # 753960 (4)**  
1. Corporation Name  
**CAMELOT-BY-THE-LAKE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**2180 W STATE ROAD 434, STE 5000 LONGWOOD FL 32779**      **2180 W STATE ROAD 434, STE 5000 LONGWOOD FL 32779**

3. Date Incorporated or Qualified <b>08/27/1980</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>59-2112701</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**HART, JR. J W.  
SENTRY MANAGEMENT, INC.  
2180 W. STATE ROAD 434, SUITE 5000  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when registering)      (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<del>PD</del>
NAME	<del>DEDEKA, MARY</del>
STREET ADDRESS	<del>5939 HANSEL AVE G-15</del>
CITY ST ZIP	<del>ORLANDO, FL 00000</del>
TITLE	VD
NAME	MITCHELL, EVELYNE
STREET ADDRESS	1119 BUCKWOOD DR
CITY ST ZIP	ORLANDO FL
TITLE	<del>SD</del>
NAME	<del>HARRIS, COZETTA</del>
STREET ADDRESS	<del>5441 HANSEL AVE J-16</del>
CITY ST ZIP	<del>ORLANDO FL</del>
TITLE	D
NAME	FREDERICK, VIRGINIA
STREET ADDRESS	5439 HANSEL AVE. J-H
CITY ST ZIP	ORLANDO FL
TITLE	TD
NAME	HADLEY, JEFFREY
STREET ADDRESS	4201 ILENE COURT
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	STEPHEN, JOHN C
STREET ADDRESS	5303 HANSEL AVE. A-20
CITY ST ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HARRIS, COZETTA	
13 STREET ADDRESS	5441 HANSEL AVE. J - 16	
14 CITY ST ZIP	ORLANDO FL 32809	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MITCHELL, CHARLOTTE	
33 STREET ADDRESS	5445 HANSEL AVE. M-9	
34 CITY ST ZIP	ORLANDO FL 32809	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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: Cozetta S. Harris      March 3, 1995      407-851-0584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (DATE)      (PHONE NUMBER)