

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753960 (4)**

1. Corporation Name  
**CAMELOT-BY-THE-LAKE CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>2180 W STATE ROAD 434, STE 5000 LONGWOOD FL 32779</b>	Mailing Address <b>2180 W STATE ROAD 434, STE 5000 LONGWOOD FL 32779-5044</b>
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3. Date Incorporated or Qualified <b>08/27/1980</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2112701</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 Country	28 Zip Country
24 Zip Country	29 Zip 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, COZETTA</b>	
STREET ADDRESS	<b>5441 HANSEL AVE. J - 16</b>	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MITCHELL, EVELYNE</b>	
STREET ADDRESS	<b>1119 BUCKWOOD DR</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MITCHELL, CHARLOTTE</b>	
STREET ADDRESS	<b>5445 HANSEL AVE M-9</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FREDERICK, VIRGINIA</b>	
STREET ADDRESS	<b>5439 HANSEL AVE. J-H</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HADLEY, JEFFREY</b>	
STREET ADDRESS	<b>4201 ILENE COURT</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEPHEN, JOHN C</b>	
STREET ADDRESS	<b>5303 HANSEL AVE, A-20</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HAWES, WENDELL</b>	
1.3 STREET ADDRESS	<b>5327 HANSEL AVE #E-19</b>	
1.4 CITY - ST - ZIP	<b>ORLANDO FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ECKOFF, CHARLOTTE</b>	
3.3 STREET ADDRESS	<b>5445 HANSEL AVE M-9</b>	
3.4 CITY - ST - ZIP	<b>ORLANDO FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HADLEY, JEFFERY</b>	
5.3 STREET ADDRESS	<b>1212 PINE HARBOR POINT CIR</b>	
5.4 CITY - ST - ZIP	<b>ORLANDO FL</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey Hadley (JEFFREY) HADLEY Date: 3-19-97 Daytime Phone # 0014894

CR2E037 (9/96)