


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90019 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753960**

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

Principal Place of Business 2180 W STATE ROAD 434, STE 5000 LONGWOOD FL 32779	Mailing Address 2180 W STATE ROAD 434, STE 5000 LONGWOOD FL 32779
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2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 08/27/1980	4. FEI Number 59-2112701	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			

9. Name and Address of Current Registered Agent <b>HART, JR. J W. SENTRY MANAGEMENT, INC. 2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD FL 32779</b>	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 <b>FL</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>HARRIS, COZETTA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRIS, COZETTA</b>		1.2 NAME	
STREET ADDRESS <b>5441 HANSEL AVE. J - 16</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO, FL 00000</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MITCHELL, EVELYNE</b>		2.2 NAME	
STREET ADDRESS <b>1119 BUCKWOOD DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ECKOFF, CHARLOTTE</b>		3.2 NAME	
STREET ADDRESS <b>5445 HANSEL AVE., M-9</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BEARDSLEY, RONALD</b>		4.2 NAME	
STREET ADDRESS <b>5314 HANSEL AVE #D-21</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32809</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HADLEY, JEFFREY</b>		5.2 NAME	
STREET ADDRESS <b>1212 PINE HARBOR POINT CIR.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEPHEN, JOHN C</b>		6.2 NAME	
STREET ADDRESS <b>5303 HANSEL AVE, A-20</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL</b>		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Cozetta Harris **SIGNATURE REQUIRED**, Pres, 5/17/99 Date  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
 Cozetta Harris

CR2E037 (11/98)

753960

475698-90019-11

CAMELOT-BY-THE-LAKE CONDOMINIUM ASSN., INC.

TITLE	DELETE	ADDITION	CHANGE
NAME	D	X	
STREET ADDRESS	HAWES, WENDELL		
CITY ST ZIP	217 GLENBRIAR CIR		
	DAYTONA BEACH FL 32114		

TITLE	DELETE	ADDITION	CHANGE
NAME			
STREET ADDRESS			
CITY ST ZIP			

TITLE	DELETE	ADDITION	CHANGE
NAME			
STREET ADDRESS			
CITY ST ZIP			

TITLE	DELETE	ADDITION	CHANGE
NAME			
STREET ADDRESS			
CITY ST ZIP			

TITLE	DELETE	ADDITION	CHANGE
NAME			
STREET ADDRESS			
CITY ST ZIP			