

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90002 003 \*\*\*\*61.25

**DOCUMENT # 753960**

1. Entity 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 32779-5042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2112701**

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

**HART, JR. J W.**  
**SENTRY MANAGEMENT, INC.**  
 2180 W. STATE ROAD 434, SUITE 5000  
 LONGWOOD FL 32779

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD HARRIS, COZETTE**  
 STREET ADDRESS **5441 HANSEL AVE. J - 16**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD MITCHELL, EVELYNE**  
 STREET ADDRESS **1119 BUCKWOOD DR**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD ECKOFF, CHARLOTTE**  
 STREET ADDRESS **5445 HANSEL AVE., M-9**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BEARDSLEY, RONALD**  
 STREET ADDRESS **5314 HANSEL AVE #D-21**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE  Change  Addition  
 NAME **BEARDSLEE, RONALD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD HADLEY, JEFFREY**  
 STREET ADDRESS **1212 PINE HARBOR POINT CIR.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME **D BOGEL, BUD**  
 STREET ADDRESS **5449 HANSEL AVE #M-15**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE  Delete  
 NAME **D STEPHEN, JOHN C**  
 STREET ADDRESS **5303 HANSEL AVE, A-20**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME **D WINTER, RICHARD**  
 STREET ADDRESS **5365 HANSEL AVE #A-12**  
 CITY-ST-ZIP **ORLANDO FL 32809**

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:

*COZETTE S. HARRIS*  
 COZETTE S. HARRIS

1/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)