

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 16, 2005
Secretary of State**

DOCUMENT# 753960

Entity Name: CAMELOT-BY-THE-LAKE CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

2180 W STATE ROAD 434, STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W STATE ROAD 434, STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2112701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HARRIS, COZETTE
Address: 5441 HANSEL AVE. J - 16
City-St-Zip: ORLANDO, FL 32809

Title: STD () Delete
Name: MITCHELL, EVELYNE
Address: 1119 BUCKWOOD DR
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: GARNER, MARK
Address: 320 MARY JESS RD
City-St-Zip: ORLANDO, FL 32839

Title: PD () Delete
Name: SAILER, PAUL
Address: 5457 HANSEL AVE. #L-9
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: BOGGS, LINDA
Address: 5315 HANSEL AVE #D-21
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: WINTER, RICHARD
Address: 5365 HANSEL AVE #A-12
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRIS, COZETTA
Address: 5441 HANSEL AVE J-16
City-St-Zip: ORLANDO, FL 32809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SAILER, PAUL
Address: 5457 HANSEL AVE. #L-9
City-St-Zip: ORLANDO, FL 32809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COZETTA HARRIS

PD

03/16/2005

Electronic Signature of Signing Officer or Director

_____ Date