


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90162 046 ****61.25

DOCUMENT # 753960

1. Entity 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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

40075100



03282007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2112701

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAN, JAY 5341 HANSEL AVE #C-19 ORLANDO, FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOBLE, CRAIG 5437 HANSEL AVE #J-19 ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, MARK 320 MARY JESS RD ORLANDO, FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASO, DIEGO 5339 HANSEL AVE. #C-15 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOGGS, LINDA 5315 HANSEL AVE #D-21 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, YVONNE 5339 HANSEL AVE #C-16 ORLANDO, FL 32809	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, JAY 5341 HANSEL AVE #C-19 ORLAND FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE, CRAIG 5437 HANSEL AVE #J-9 ORLANDO FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARNER, MARK 320 MARY JESS RD ORLANDO FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, COZETTE 5441 HANSEL AVE #J-16 ORLANDO FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEDBETTER, CAL 2806 WESEX ST ORLANDO FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKS, YVONNE 5339 HANSEL AVE #C-16 ORLAND FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cozetta S Harris 4/17/07 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40079708

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

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OFFICERS AND DIRECTORS CONT...

D
HOFFMAN, ELMO
5401 HANSEL AVE #G-1
ORLANDO FL 32809