FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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N OF CORPORATIONS

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DOCUMENT # **760995** **(1)**

1. Corporation Name

CAMELOT RESIDENCE'S ASSOCIATION, INC.

Principal Place of Business
3144 SIR HAMILTON CIRCLE N
~~2400 SO HOPKINS AVENUE~~
1
TITUSVILLE FL 32780
US

Camelot Residence's Assoc.
PO Box 248
Titusville, FL 32781

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1981
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2266222 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 248
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TITUSVILLE FL	28 City & State: TITUSVILLE FL
24 Zip: 327 25 Country: US	29 Zip: 32780 30 Country: US

9. Name and Address of Current Registered Agent

~~CONTEMPORARY PROPERTY MANAGEMENT~~ PRESIDENT
~~100 LOOKOUT PLACE~~ RUSSELL, ~~DO NOT DELETE~~
~~MAITLAND FL 32751~~ ELIZABETH

10. Name and Address of New Registered Agent

81 Name: RUSSELL ELIZABETH
82 Street Address (P.O. Box Number is Not Acceptable): 525 Indian River Ave
83
84 City: TITUSVILLE FL 85 FL Zip Code: 32780

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: ELIZABETH RUSSELL — Elizabeth Russell — DATE: 3/29/95
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	PD	1.1 TITLE	SD	☑ Change ☐ Addition
NAME	RUSSELL, ELIZABETH	1.2 NAME	Horbin Ivanna	
STREET ADDRESS	525 INDIAN RIVER AVE	1.3 STREET ADDRESS	4380 Poquina Ave	
CITY-ST-ZIP	TITUSVILLE, FL 00000 32780	1.4 CITY-ST-ZIP	Titusville FL 32780	
TITLE	VPD	2.1 TITLE	D	☑ Change ☐ Addition
NAME	KNOPF, RICHARD	2.2 NAME	HAWTHORNE DONALD	
STREET ADDRESS	2070 SIR HAMILTON CR	2.3 STREET ADDRESS	3012 Sir Hamilton Circle	
CITY-ST-ZIP	TITUSVILLE, FL 00000 32780	2.4 CITY-ST-ZIP	Titusville FL 32780	
TITLE	TS	3.1 TITLE	D	☐ Change ☑ Addition
NAME	RISBERG, ROBERT	3.2 NAME	Ross Richard	
STREET ADDRESS	1505 WALL DR	3.3 STREET ADDRESS	3031 Sir Hamilton Circle	
CITY-ST-ZIP	TITUSVILLE, FL 00000 32780	3.4 CITY-ST-ZIP	Titusville FL 32780	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	MINTHORN, EVELYN	4.2 NAME		
STREET ADDRESS	2192 KNOX MCRAE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, RAE	5.2 NAME		
STREET ADDRESS	159 MONTGOMERY AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	W BABYLON NY	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert J Risberg — ROBERT J RISBERG — 4/1/95 — 407-267-3962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #