

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760995

(1)

1. Corporation Name

CAMELOT RESIDENCE'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3144 SIR HAMILTON CIRCLE
1
TITUSVILLE FL 32780
US

P.O. BOX 248
1
TITUSVILLE FL 32780
US

3. Date Incorporated or Qualified

12/09/1981

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, ELIZABETH
525 INDIAN RIVER AVE
TITUSVILLE FL 32780

81 Name

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

700001736897

83

-03/08/96--01032--008

84 City

***61.25

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARBIN, IVANNA	
STREET ADDRESS	4380 COQUINN AVE.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWTHORNE, DONALD	
STREET ADDRESS	3017 SIR HAMILTON CR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, RICHARD	
STREET ADDRESS	3031 SIR HAMILTON CR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MINTHORN, EVELYN	
STREET ADDRESS	2192 KNOX MCRAE DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, RAE	
STREET ADDRESS	158 MONTGOMERY AVE	
CITY-ST-ZIP	N BABYLON NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Elizabeth Russell	
1.3 STREET ADDRESS	525 INDIAN AVE	
1.4 CITY-ST-ZIP	Titusville, FL 32780	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Knopf	
2.3 STREET ADDRESS	2970 Sir Hamilton Cir	
2.4 CITY-ST-ZIP	Titusville, FL 32780	
3.1 TITLE	Trs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAYE Eshelman	
3.3 STREET ADDRESS	2964 Sir Hamilton Cir	
3.4 CITY-ST-ZIP	Titusville, FL 32780	
4.1 TITLE	Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	IVANNA HARBIN	
4.3 STREET ADDRESS	4380 COQUINA AVE	
4.4 CITY-ST-ZIP	Titusville, FL 32780	
5.1 TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICHARD ROSS	
5.3 STREET ADDRESS	3031 Sir Ham: Hon Cir	
5.4 CITY-ST-ZIP	Titusville, FL 32780	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)