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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760995

1. Corporation Name

CAMELOT RESIDENCE'S ASSOCIATION, INC.

Principal Place of Business

**CAMELOT ESTATES
3144
TITUSVILLE FL 32780
US**

Mailing Address

**P.O. BOX 248
TITUSVILLE FL 32780
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

12/09/1981

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

9. Name and Address of Current Registered Agent

**HUNNICUTT, GREG
~~1306 ROLLINSWOOD DR.~~
~~ROCKLEDGE FL 32955~~**

10. Name and Address of New Registered Agent

81 Name **GREG HUNNICUTT**

82 Street Address (P.O. Box Number is Not Acceptable)
3144 SIR HAMILTON CIRCLE

83

84 City **TITUSVILLE** **FL** **85** Zip Code **32780**

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 **GREG A. HUNNICUTT**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2-18-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **HUNNICUTT, GREG**
STREET ADDRESS **1306 ROBBINSWOOD DRIVE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **VP** ☐ DELETE
NAME **LUCKS, KIM**
STREET ADDRESS **3116 SIR HAMILTON CIRCLE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **T** ☐ DELETE
NAME **ETENSE, MARGE**
STREET ADDRESS **3147 SIR HAMILTON CIRCLE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **S** ☐ DELETE
NAME **FISHPAW, VICTORIA**
STREET ADDRESS **2969 SIR HAMILTON CIRCLE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☒ DELETE
NAME **BILLSBOROUGH, PAT**
STREET ADDRESS **3117 SIR HAMILTON CIRCLE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ DELETE
NAME **DEARMOND, LOUIS**
STREET ADDRESS **3026 SIR HAMILTON CIRCLE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **DIXON, ROYAL**
1.3 STREET ADDRESS **3094 SIR HAMILTON CIRCLE**
1.4 CITY-ST-ZIP **TITUSVILLE, FL 32780**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **Lupo, CAROLYN**
2.3 STREET ADDRESS **685 BIRCHWOOD LANE**
2.4 CITY-ST-ZIP **TITUSVILLE, FL 32780**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

GREG A. HUNNICUTT **2-18-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)