2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State
05-15-2006 90036 008 ****61.25

DOCUMENT # 760995

1. Entity Name
CAMELOT RESIDENCE'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CAMELOT ESTATES 3152 SIR HAMILTON CIR. TITUSVILLE, FL 32780 US	CAMELOT RESIDENCE'S PO BOX 248 TITUSVILLE, FL 32780 US

400Y1013

03082006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2266222 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UTZ, DONALD 3152 SIR HAMILTON CIR. TITUSVILLE, FL 32780	Name JOE D. MATHENY Street Address (P.O. Box Number is Not Acceptable) 335 INDIAN RIVER AVE City TITUSVILLE FL Zip Code 32796

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 _____ 9 MAY 06'
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOOLDRIDGE, WILLIAM 2995 SIR HAMILTON CIRCLE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAM WOOLDRIDGE 2995 SIR HAMILTON CIRCLE TITUSVILLE FL 32780
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRITTON, GERALD 3149 SIR HAMILTON CIR. TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GREG HUNNICUTT 1306 ROBINSWOOD ROCKLEDGE FL 32955
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHANSEN, WILHELM 3305 ROYAL OAK DR TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KIM LUCKS PO 335 SCOTTSMOOR FL 32775
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUNNICUTT, GREG 1306 ROBBINSWOOD ROCKLEDGE, FL 32955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOSEPH HILL 3028 SIR HAMILTON CIRCLE TITUSVILLE FL 32780
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MINER, STEPHEN 100 CANEBREAKERS DR COCOA, FL 32927	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALD HAWTHORNE 3012 SIR HAMILTON CIRCLE TITUSVILLE FL 32780
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILKINSON, BEVERLY 1321 CHENEY TITUSVILLE, FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIOT PENNIMAN 3004 SIR HAMILTON CIRCLE TITUSVILLE FL 32780

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: William Wooldridge 5-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #