

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 # 766572 (2)

1. Corporation Name

CAMELOT GARDENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O J&L PROPERTY MGMT., INC.  
10191 WEST SAMPLE RD., SUITE 203  
CORAL SPRINGS FL 33065

C/O J&L PROPERTY MGMT., INC.  
10191 WEST SAMPLE RD., SUITE 203  
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

01/17/1983

3a. Date of Last Report

02/17/1995

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

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NACHMAN, IRVIN  
4441 STIRLING ROAD  
FT. LAUDERDALE FL 33314

81 Name

JAMES CALDERAZO

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

10191 W. SAMPLE RD

83

203

84 City

Coral Springs

FL

85 Zip Code  
33065

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

*James Calderazo*

(NOTE: Registered Agent signature required when re-registering)

4/14/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WHITERCRAFT, MINDY  
STREET ADDRESS 2533 CAMELOT COURT  
CITY-ST-ZIP COOPER CITY FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME PHILLIPS, WILLIAM  
STREET ADDRESS 2558 CAMELOT COURT  
CITY-ST-ZIP COOPER CITY FL ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME ABERLE, PAULA  
STREET ADDRESS 2518 CAMELOT COURT  
CITY-ST-ZIP COOPER CITY FL ☐ DELETE

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

TITLE D  
NAME SCHERR, MELISSA  
STREET ADDRESS 2593 LAKEVIEW CT  
CITY-ST-ZIP COOPER CITY FL ☐ DELETE

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

TITLE DV  
NAME ELIVAVA, ELLEN  
STREET ADDRESS 2578 GARDEN CT. #325  
CITY-ST-ZIP COOPER CITY FL ☐ DELETE

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Mindy Whitcraft*

Mindy Whitcraft 4-15-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)