

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
4. FEI Number 59-2277303
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25
City & State 27
Zip 29 Country 30

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

4/14/96
DATE

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITERCRAFT, MINDY	
STREET ADDRESS	2533 CAMELOT COURT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, WILLIAM	
STREET ADDRESS	2558 CAMELOT COURT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ABERLE, PAULA	
STREET ADDRESS	2518 CAMELOT COURT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHERR, MELISSA	
STREET ADDRESS	2593 LAKEVIEW CT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ELIVAVA, ELLEN	
STREET ADDRESS	2578 GARDEN CT. #325	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *Mindy Whitcraft* Mindy Whitcraft 4-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)