

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766572

1. Entity Name

CAMELOT GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

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

59-2277303

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

JAMES CALDERAZZO
10191 W SAMPL RD
SUITE 203
CORAL SPRINGS FL 33065

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WHITCRAFT, MINDY
STREET ADDRESS 2533 CAMELOT COURT
CITY-ST-ZIP COOPER CITY FL ☒ Delete

TITLE PD
NAME BRIAN BRUDER
STREET ADDRESS 2555 Garden Ct.
CITY-ST-ZIP COOPER CITY, FL. 33024 ☐ Change ☒ Addition

TITLE VPD
NAME COHEN, STEVE
STREET ADDRESS 2547 CAMELOT COURT
CITY-ST-ZIP COOPER CITY FL 33026 ☒ Delete

TITLE VPD
NAME TODD GAIL BOUZO
STREET ADDRESS 2558 Garden Ct.
CITY-ST-ZIP COOPER CITY, FL. 33026 ☐ Change ☒ Addition

TITLE SPCD
NAME SCHORV, MELISSA
STREET ADDRESS 2593 LAKEVIEW COURT
CITY-ST-ZIP COOPER CITY FL 33026 ☒ Delete

TITLE SD
NAME JOE HERNANDEZ
STREET ADDRESS 2568 Garden Ct
CITY-ST-ZIP COOPER CITY, FL. 33024 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TD
NAME CAROL DWORKOWITZ
STREET ADDRESS 2585 Garden Ct.
CITY-ST-ZIP COOPER CITY, FL. 33024 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME SANDRA QUINONES
STREET ADDRESS 2517 LAKEVIEW CT.
CITY-ST-ZIP COOPER CITY, FL. 33024 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90065 039 ****61.25

B0092660



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)