
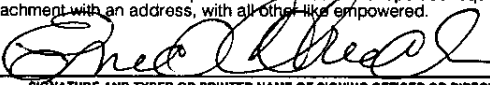


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90003 011 \*\*\*\*61.25

<b>DOCUMENT # 766572</b> 1. Entity Name CAMELOT GARDENS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE MANAGEMENT, INC. 4450 W SUNRISE BLVD, SUITE C-100 PLANTATION, FL 33318			Mailing Address C/O CASTLE MANAGEMENT, INC. 4450 W SUNRISE BLVD, SUITE C-100 PLANTATION, FL 33318		
2. Principal Place of Business C/O CASTLE GROUP Suite, Apt. #, etc. 12270 SW 3RD STREET			3. Mailing Address C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009		
City & State PLANTATION, FL		City & State FT. LAUDERDALE, FL		4. FEI Number 59-2277303	
Zip 33325		Zip 33355-9009		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MARTIN, ROBERT C ESQ MARTIN & BENNIS, P.A. 319 S.E. 14TH ST FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRIEDMAN, ENID EPSTEIN <input type="checkbox"/> Delete 2555 CAMELOT STREET COOPER CITY, FL 33026		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2555 CAMELOT COURT	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHERR, MELISSA <input type="checkbox"/> Delete 2593 LAKEVIEW COURT COOPER CITY, FL 33026		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KOUMISS, GERALDINE <input type="checkbox"/> Delete 2570 LAKEVIEW COURT COOPER CITY, FL 33026		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, STEVEN <input type="checkbox"/> Delete 2547 CAMELOT COURT COOPER CITY, FL 33026		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEESON, PAMELA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2560 GARDEN COURT COOPER CITY, FL 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			5-6-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50053518



03082005 Chg-NP CR2E037 (10/03)