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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00318** (8)

1. Corporation Name

CAMELOT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT, INC. 14275 SW 142ND AVE MIAMI FL 33186 US	C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI FL 33186-6715 US

3. Date Incorporated or Qualified 12/13/1983	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-2459663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
TRIAY, CARLOS 999 PONCE DE LEON BLVD. #1110 CORAL GABLES FL 33146	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	STROUD, SHARON
STREET ADDRESS	13985 S.W. 94TH CIRCLE LANE #102
CITY-ST-ZIP	MIAMI FL
TITLE	NAME
VPD	HAZELL, KENNETH W.
STREET ADDRESS	14218 S.W. 94TH CIRCLE LANE #101
CITY-ST-ZIP	MIAMI FL
TITLE	NAME
TD	HAZELL, KENNETH W.
STREET ADDRESS	14213 S.W. 94TH CIRCLE LANE #101
CITY-ST-ZIP	MIAMI FL
TITLE	NAME
SD	GOMEZ, DENISE
STREET ADDRESS	14240 S.W. 94TH CIRCLE LANE #103
CITY-ST-ZIP	MIAMI FL
TITLE	NAME
TITLE	NAME

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 checked="" type="checkbox"/> Addition
2.2 NAME	THEODORE MARTINEZ VP/D
2.3 STREET ADDRESS	14289 SW 94 CR. LANE #102
2.4 CITY-ST-ZIP	MIAMI, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SITIO GOMEZ, DENISE
3.3 STREET ADDRESS	14240 S.W. 94 CR. LANE #103
3.4 CITY-ST-ZIP	MIAMI, FL
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sharon Stroud **SHARON D STROUD** 3/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033702

CR2E037 (9/96)