2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 8:00 am Secretary of State **DOCUMENT # N00318** 04-13-2007 90158 021 ****61.25 CAMELOT HOMEOWNERS ASSOCIATION, INC. գրրյյյուս Principal Place of Business Mailing Address % CARIBBEAN PROPERTY MGMT % CARIBBEAN PROPERTY MGMT 12301 SW 132 CT 12301 SW 132 CT MIAMI, FL 33186 MIAMI, FL 33186 LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2459663 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARIBBEAN PROPERTY MGMT 12301 SW 132 CT MIAMI, FL 33186 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State 3 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete Change TITLE ☐ Addition TITLE NAME SOTANK, STEVE NAME SOTNICK, 14233 SW. STREET ADDRESS 14233 SW 54TH LN #101 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP Θ M) VP Delete Addition TITLE TITLE ☐ Change RODRIGUEZ, JIMMIE NAME NAME STREET ADDRESS 14241 SW 94TH CIR LN #103 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE DIAZ JOHNNY NAME NAME STREET ADDRESS 14229 SW 94TH CIR LN #102 STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE s ☐ Delete TITLE ☐ Change Addition GARCIA, JOEL NAME NAME STREET ADDRESS 14273 SW 94TH CIR LN #102 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP Delete D TITLE ☐ Change ☐ Addition TITLE SANCHEZ, JOHN NAME" STREET ADDRESS 13985 SW 94TH CIR LN #104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED