

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00318

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: CAMELOT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% CARIBBEAN PROPERTY MGMT  
12301 SW 132 CT  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

% CARIBBEAN PROPERTY MGMT  
12301 SW 132 CT  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 59-2459663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUBIN, JONATHAN R PA  
9360 SUNSET DR STE 220  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SOTANK, STEVE  
Address: 14233 SW 54TH LN #101  
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete  
Name: SANCHEZ, JOHNNY  
Address: 13985 SW 94 CIR LN #104  
City-St-Zip: MIAMI, FL 33186

Title: ST ( ) Delete  
Name: GARCIA, JOEL  
Address: 14273 SW 94TH CIR LN #102  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: DENNIS, CARL  
Address: 14220 SW 94 CIR LN #103  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SOTNICK, STEVEN  
Address: 14233 SW 54TH LN #101  
City-St-Zip: MIAMI, FL 33186

Title: TD (X) Change ( ) Addition  
Name: GARCIA, JOEL  
Address: 14273 SW 94 CR LN # 102  
City-St-Zip: MIAMI, FL 33186

Title: SD (X) Change ( ) Addition  
Name: DENNIS, CARL E  
Address: 14220 SW 94 CR LN # 103  
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change ( ) Addition  
Name: RIVERA, NELSON  
Address: 14260 SW 94 CR LN # 101  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN SOTNICK

PD

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date