

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002888

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: CAMELOT VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13500 SUTTON PARK DRIVE S.  
SUITE 501  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

8009 S. ORANGE AVE.  
ORALNDO, FL 32809

**Current Mailing Address:**

8009 S ORANGE AVE  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 20-3367101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LELAND MANAGEMENT  
8009 S ORANGE AVE  
ORLANDO, FL 32809 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: HOGG, STEVE  
Address: 11200 SAINT JOHNS INDUSTRIAL PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD ( ) Delete  
Name: STERN, PAUL  
Address: 11200 SAINT JOHNS INDUSTRIAL PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32246

Title: STD ( ) Delete  
Name: MARSHALL, JIM  
Address: 11200 SAINT JOHNS INDUSTRIAL PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32246

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

Title: PD (X) Change ( ) Addition  
Name: CASSALA, MICHAEL A  
Address: 1325 ATLANTIC AVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD (X) Change ( ) Addition  
Name: TREVETT, HARRY R  
Address: 1325 ATLANTIC AVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD (X) Change ( ) Addition  
Name: MCCRANIE, CHRIS  
Address: 1325 ATLANTIC AVE.  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL A. CASSALA

PD

04/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date