

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002888

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** CAMELOT VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

79 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

320 HIGH TIDE DRIVE  
SUITE 100 F  
SAINT AUGUSTINE BEACH, FL 32080

**Current Mailing Address:**

79 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

320 HIGH TIDE DRIVE  
SUITE 100 F  
SAINT AUGUSTINE BEACH, FL 32080

FEI Number: 20-3367101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE NEIGHBORHOOD MANAGERS INC.  
79 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084 US

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

MEB REAL ESTATE MANAGEMENT, INC.  
320 HIGH TIDE DRIVE  
SUITE 100 F  
SAINT AUGUSTINE BEACH, FL 32080 US

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: CHRISTINE CLYMER, LCAM

03/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SLAMKA, STACEY  
Address: 320 HIGH TIDE DRIVE SUITE 100 F  
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080

Title: VPD  
Name: GERONIMO, JOAN  
Address: 320 HIGH TIDE DRIVE SUITE 100 F  
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080

Title: SD  
Name: VANSKIVER, JENNIFER  
Address: 320 HIGH TIDE DRIVE SUITE 100 F  
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080

Title: TD  
Name: HESTBECK, JOHN  
Address: 320 HIGH TIDE DRIVE SUITE 100 F  
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080

Title: D  
Name: PHILLIPS, JONATHAN  
Address: 320 HIGH TIDE DRIVE SUITE 100 F  
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080

Title: D  
Name: ZOLTOWSKI, JOHN  
Address: 320 HIGH TIDE DRIVE SUITE 100 F  
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE CLYMER, LCAM

MGR

03/29/2010

Electronic Signature of Signing Officer or Director

Date