

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90300 044 ****61.25

DOCUMENT # N05000012347
 1. Entity Name
 ROYAL CAMELOT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 703 COURT ST
 CLEARWATER, FL 33756 US

Mailing Address
 703 COURT ST
 CLEARWATER, FL 33756 US

400000



2. Principal Place of Business
 603 Mandalay Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 16401 Gulf Blvd.
 Suite, Apt. #, etc.

04212006 Chg-NP CR2E037 (11/05)

City & State
 Clearwater Beach, FL

City & State
 Redington Beach, FL

Zip
 33767

Country
 Pinellas

Zip
 33108

Country
 Pinellas

4. FEI Number
 20-4230187

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JENNINGS, THOMAS C III
 703 COURT ST
 CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
 Name: Total Realty Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable): 13030 Gulf Blvd.
 City: Madeira Beach FL Zip Code: 33708

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: Doreen Moore - President DATE: 4-24-06

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: Co-P	NAME: Martin Drillich	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 2055 Bates St.	CITY-ST-ZIP: Seminole, FL 33772	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P	NAME: Ron Flurnoy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2054 Larchmont Way	CITY-ST-ZIP: Clearwater, FL 33764	
TITLE: VP	NAME: Steve Carpenter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 693 W. Grand River	CITY-ST-ZIP: Okemos, MI 48864	
TITLE: ST	NAME: Charles Beckerman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 12044 Stone Crossing Cir.	CITY-ST-ZIP: Tampa, FL 33635	
TITLE: D	NAME: Patsy Tinsley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 8713 Bay Pointe Dr.	CITY-ST-ZIP: Tampa, FL 33615	
TITLE: D	NAME: Vincent Stona	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 119 Woodcreek Dr. S.	CITY-ST-ZIP: Safety Harbor, FL 34695	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing 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, and all other like empowered.

SIGNATURE: *Gregory J. Gray* DATE: Daytime Phone #