


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90204 046 \*\*\*\*61.25

<b>DOCUMENT # N05000012347</b>			
1. Entity Name ROYAL CAMELOT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 603 MANDALAY AVE CLEARWATER BEACH, FL 33767 US		Mailing Address 16401 GULF BLVD REDINGTON BEACH, FL 33708 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>13030 Gulf Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Madeira Beach, FL</i>	
Zip	Country	Zip	Country
		<i>33708</i>	<i>U.S.</i>
4. FEI Number 20-4230187		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TOTAL REALTY SERVICES INC 13030 GULF BLVD MADIERA BEACH, FL 33708		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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.			
<b>POSTED</b>			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLURNOY, RON	NAME	Director
STREET ADDRESS	2054 LARCHMENT WAY	STREET ADDRESS	Charles Beckerman
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	478 COVE POINT DR. Florence, SC 29501
TITLE	V <input type="checkbox"/> Delete	TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, STEVE	NAME	Michael Chaney
STREET ADDRESS	693 W GRAND RIVER	STREET ADDRESS	104 W. First Bank Dr.
CITY-ST-ZIP	OKEMOS, MI 48864	CITY-ST-ZIP	Palatine, IL 60067
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKERMAN, CHARLES	NAME	
STREET ADDRESS	12044 STONE CROSSING CIR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONA, VINCENT	NAME	
STREET ADDRESS	119 WOODCREEK DR S	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.			
SIGNATURE: <i>Joseph T. Gray</i>		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	