2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012347

FILED Jaņ 2<u>0, 2</u>009 Secretary of State

Entity Name: ROYAL CAMELOT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

603 MANDALAY AVE

CLEARWATER BEACH, FL 33767 US

Current Mailing Address: New Mailing Address:

13030 GULF BLVD 13030 GULF BLVD

SAINT PETERSBURG, FL 33708 MADEIRA BEACH, FL 33708 US US

FEI Number: 20-4230187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TOTAL REALTY SERVICES INC 13030 GULF BLVD MADIERA BEACH, FL 33708 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BECKERAN, CHARLES FLURNOY, RON Name: Name: 478 COVE POINT DR Address: 2054 LARCHMONT WAY Address: City-St-Zip: FLORENCE, SC 29501 City-St-Zip: CLEARWATER, FL 33764

Title: Title: (X) Change () Addition () Delete

CARPENTER, STEVE Name: TINSLEY, RICHARD Name: Address: 693 W GRAND RIVER Address: 8713 BAY POINTE DR City-St-Zip: OKEMOS, MI 48864 City-St-Zip: TAMPA, FL 33615

Title: () Delete Title: (X) Change () Addition

BECKERMAN, CHARLES BECKERMAN, CHARLES Name: Name: Address: 12044 STONE CROSSING CIR. Address: 478 COVE POINTE DR City-St-Zip: TAMPA, FL 33635 City-St-Zip: FLORENCE, SC 29501

Title: () Delete Title: () Change () Addition

STONA, VINCENT Name: Name: 119 WOODCREEK DR S Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip:

Title: () Delete Title: () Change () Addition

CHANEY, MICHAEL Name: Name: 664 N FIRST BANK DR Address: Address: City-St-Zip: PALATINE, IL 60067 City-St-Zip:

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: RON FLURNOY Ρ 01/20/2009