

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90259 037 ****61.25

DOCUMENT # N00318

1. Entity Name

CAMELOT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CREATIVE MANAGEMENT ENTERPRISES, INC.
 12934 S.W. 133RD CT
 MIAMI FL 33186
 US

% CREATIVE MANAGEMENT ENTERPRISES, INC.
 12934 S.W. 133RD CT
 MIAMI FL 33186
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2459663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIAY, CARLOS
999 PONCE DE LEON BLVD. #1110
CORAL GABLES FL 33146

Name

~~CREATIVE MANAGEMENT ENTERPRISES, INC.~~
 Street Address (P.O. Box Number is Not Acceptable)

12934 S.W. 133rd.CT.

City

MIAMI

FL

Zip Code
33186

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **STROUD, SHARON**
 STREET ADDRESS **13985 S.W. 94TH CIRCLE LANE #102**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Change ☐ Addition
 NAME **GALLARDO, DANILO**
 STREET ADDRESS **14245 SW 94 CIR.LANE, #101**
 CITY-ST-ZIP **MIAMI, FL-33186**

TITLE **SD** ☒ Delete
 NAME **GOMEZ, DENISE**
 STREET ADDRESS **14240 S.W. 94TH CIRCLE LANE #103**
 CITY-ST-ZIP **MIAMI FL**

TITLE **V-PD** ☐ Change ☐ Addition
 NAME **SANCHEZ, JOHN**
 STREET ADDRESS **13985 SW 94 CIR.LANE, #104**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **D** ☐ Delete
 NAME **LLANOS, AUGUSTO**
 STREET ADDRESS **14260 SW 94TH CIRCLE LANE #103**
 CITY-ST-ZIP **MIAMI FL**

TITLE **TREASURER** ☐ Change ☐ Addition
 NAME **LLANOS, AUGUSTO**
 STREET ADDRESS **14260 S.W.94 CIR.LANE, #103**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **D** ☐ Delete
 NAME **SANCHEZ, JOHN**
 STREET ADDRESS **13985 SW 94TH CIRCLE LANE #104**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SECRETARY** ☐ Change ☐ Addition
 NAME **SANDOVAL, FRANK**
 STREET ADDRESS **14269 SW 94 CIR.LANE, #104**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **TD** ☐ Delete
 NAME **GALLARDO, DANILO**
 STREET ADDRESS **14245 SW 94TH CIRCLE LANE #101**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **WLAZLO, RAYMOND**
 STREET ADDRESS **14225 SW 94 CIR.LANE, #101**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **GESCHWILL, SCOTT**
 STREET ADDRESS **14241 SW 94 CIR.LANE, #101**
 CITY-ST-ZIP **MIAMI, FL 33186**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond Wlazlo

4/10/02

706-242-0200

CR2E037 (9/01)