

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008230

FILED
May 01, 2006
Secretary of State

Entity Name: CAMELOT TOWNHOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

508-A CAPITAL CIR SE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

508-A CAPITAL CIR SE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 55-0903595 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, SUSAN S
3520 THOMASVILLE RD 4TH FL
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 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: DAN LEE ISAACS

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TURNER, DOUGLAS E
Address: 508-A CAPITAL CIR SE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SAXON, FRED
Address: 508-A CAPITAL CIR SE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: O'REILLY, JOHN
Address: 508-A CAPITAL CIR SE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUG TURNER

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date