

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738496

Entity Name: CAMELOT VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**6610 MOONLIT DRIVE
DELRAY BEACH, FL 33446**Current Mailing Address:**6610 MOONLIT DRIVE
DELRAY BEACH, FL 33446**FEI Number:** 59-1804012**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERSTIN & ASSOCIATES
40 S.E. 5TH STREET
610
BOCA RATON, FL 33432 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:** JOSHUA GERSTIN

04/04/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BLAKE, JOAN
Address 6828 MOONLIT DRIVE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name OPPENHEIM, GERALD
Address 6877 MOONLIT DRIVE
City-State-Zip: DELRAY BEACH FL 33446

Title SECRETARY
Name HYMAN, FRANCINE
Address 14852 WILDFLOWER LANE
City-State-Zip: DELRAY BEACH FL 33446

Title PRESIDENT
Name GOLDBERG, LARRY
Address 6788 MOONLIT DRIVE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name LEVINE, ELLIOT
Address 14906 WILDFLOWER LANE
City-State-Zip: DELRAY BEACH FL 33446

Title VP
Name YENKE, FREDERICK
Address 14732 WILDFLOWER LANE
City-State-Zip: DELRAY BEACH FL 33446

Title TREASURER
Name HERMAN, SHELLEY
Address 6745 MOONLIT DRIVE
City-State-Zip: DELRAY BEACH FL 33446

I hereby 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 all other like empowered.

SIGNATURE: LARRY GOLDBERG

PRESIDENT

04/04/2014

Electronic Signature of Signing Officer/Director Detail

Date