## 2024 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 US

FEI Number: 59-1804012 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLEY, FULTON & KAPLAN, P.L. 1665 PALM BEACH LAKES BLVD STE 1000 WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

**FILED** Mar 01, 2024

**Secretary of State** 

0847526017CC

Officer/Director Detail:

Title **SECRETARY** Title **PRESIDENT** Name JOHNSON, SANDRA Name LANZA, JOHN

Address 6610 MOONLIT DRIVE Address 6610 MOONLIT DRIVE City-State-Zip: DELRAY BEACH FL 33446 City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR Title DIRECTOR

Name PETRICH, BERNARD Name LABARBERA, IGNATIUS Address 6610 MOONLIT DRIVE Address 6610 MOONLIT DRIVE

DELRAY BEACH FL 33446 City-State-Zip: DELRAY BEACH FL 33446 City-State-Zip:

Title Title DIRECTOR

Name GOATLEY, DIANA Name LOSASSO, CLIFFARD Address 6610 MOONLIT DRIVE Address 6610 MOONLIT DRIVE City-State-Zip: DELRAY BEACH FL 33446

Title **DIRECTOR** 

City-State-Zip:

Name GOLDBERG, LAWRENCE Address 6610 MOONLIT DRIVE City-State-Zip: DELRAY BEACH FL 33446

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.

03/01/2024 SIGNATURE: JOHN LANZA **PRESIDENT**