

**2021 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

04/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	JOHNSON, SANDRA
Address	6610 MOONLIT DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

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

Title	PRESIDENT
Name	CHRISTOPOULIS, MARGARET
Address	14966 WILDFLOWER LANE
City-State-Zip:	DELRAY BEACH FL 33446

Title	TREASURER
Name	PETRICH, BERNARD
Address	6610 MOONLIT DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	CRAMER, CHARLES
Address	6610 MOONLIT DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	STAHL, DOREEN
Address	6610 MOONLIT DRIVE
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	SHAKE, KATHLEEN
Address	6610 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:** MARGARET CHRISTOPOULIS

PRESIDENT

04/05/2021

Electronic Signature of Signing Officer/Director Detail

Date