

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753960

**Entity Name:** CAMELOT-BY-THE-LAKE CONDOMINIUM ASSOCIATION, INC

**FILED**  
**Mar 26, 2020**  
**Secretary of State**  
**6050471920CC**

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**FEI Number: 59-2112701**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SENTRY MANAGEMENT INC  
2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 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: BRADLEY POMP**

**03/26/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIR  
Name            CLIFTON, PAULA  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            VP, DIRECTOR  
Name            JOHNSON, CATHLEEN  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            SECRETARY, DIRECTOR  
Name            GOODMAN, SHEILA  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            TREASURER, DIRECTOR  
Name            BACH, DALLAS  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            WALKER, KATHY  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            ROCHEFORD, RALPH  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            HASTINGS, JONATHAN  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

*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: PAULA CLIFTON**

**PRESIDENT**

**03/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date