

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760995

**Entity Name:** CAMELOT RESIDENCE'S ASSOCIATION, INC.**Current Principal Place of Business:**CAMELOT ESTATES  
3152 SIR HAMILTON CIR.  
TITUSVILLE, FL 32780**Current Mailing Address:**CAMELOT RESIDENCE'S  
PO BOX 248  
TITUSVILLE, FL 32780 US**FEI Number:** 59-2266222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DRAGON PROPERTY MANAGEMENT LLC  
1603 GABLE COURT  
MERRITT ISLAND, FL 32953-3190 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:** KATHY WATTS

02/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, SECRETARY  
Name           LUCKS, KIM  
Address       PO 335  
City-State-Zip: SCOTTSMOOR FL 32775

Title           VP  
Name           BRITTON, GERALD  
Address       905 PILGRAM DRIVE  
City-State-Zip: TITUSVILLE FL 32780

Title           PRESIDENT  
Name           STEWART, RICHARD  
Address       3145 SIR HAMILTON CIRCLE  
City-State-Zip: TITUSVILLE FL 32780

Title           DIRECTOR  
Name           GALLOWAY, WILLIAM  
Address       2980 SIR HAMILTON CIRCLE  
City-State-Zip: TITUSVILLE FL 32780

Title           DIRECTOR  
Name           WILSON, RICHARD  
Address       3095 SIR HAMILTON CIRCLE  
City-State-Zip: TITUSVILLE FL 32780

Title           DIRECTOR  
Name           ANDERSON, JASON  
Address       4350 FLOOD STREET  
City-State-Zip: COCOA FL 32927-7934

Title           DIRECTOR  
Name           DRAKE, DONALD  
Address       2952 SIR HAMILTON CIRCLE  
City-State-Zip: TITUSVILLE FL 32780

*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:** KIM LUCKS**SECRETARY/TREASURER** 02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date