

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002888

**Entity Name:** CAMELOT VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

205 WALER WAY, SUITE 5  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

205 WALER WAY, SUITE 5  
ST AUGUSTINE, FL 32086 US

**FEI Number:** 20-3367101

**Certificate of Status Desired:** No

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

ALLIANCE REALTY AND MANAGEMENT  
205 WALER WAY, SUITE 5  
ST AUGUSTINE, FL 32086 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:** CINDY CHAPMAN

03/28/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SATKOWIAK, KIRSTEN  
Address 205 WALER WAY, SUITE 5  
City-State-Zip: ST AUGUSTINE FL 32086

Title PRESIDENT  
Name SLAMKA, STACEY  
Address 205 WALER WAY, SUITE 5  
City-State-Zip: ST AUGUSTINE FL 32086

Title DIRECTOR  
Name PARKER, JONATHON  
Address 205 WALER WAY, SUITE 5  
City-State-Zip: ST AUGUSTINE FL 32086

Title TREASURER  
Name LASSETTER, HONGSONG  
Address 205 WALER WAY, SUITE 5  
City-State-Zip: ST AUGUSTINE FL 32086

Title VP  
Name DUNGAN, DEBBIE  
Address 205 WALER WAY, SUITE 5  
City-State-Zip: ST AUGUSTINE FL 32086

*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:** CINDY CHAPMAN

MANAGER

03/28/2019

Electronic Signature of Signing Officer/Director Detail

Date