

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002888

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

**Current Principal Place of Business:**

C/O COASTAL REALTY & PROPERTY MGMT. INC.  
3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

C/O COASTAL REALTY & PROPERTY MGMT. INC.  
3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 20-3367101

**Certificate of Status Desired:** No

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

COASTAL REALTY& PROPERTY MANAGEMENT  
C/O COASTAL REALTY & PROPERTY MGMT. INC.  
3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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:** JUDY ALLIGOOD

01/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name PHIFER, SETH  
Address 157 KING ARTHUR COURT  
City-State-Zip: ST AUGUSTINE FL 32086

Title PRESIDENT  
Name SLAMKA, STACEY  
Address 10 CHARLES COURT  
City-State-Zip: PALM COAST FL 32187

Title DIRECTOR  
Name CHENEY, JAN  
Address 233 KING ARTHUR COURT  
City-State-Zip: ST AUGUSTINE FL 32806

Title TREASURER  
Name CLAROS, RODRIGO  
Address 125 KING ARTHUR COURT  
City-State-Zip: ST AUGUSTINE FL 32086

Title VP  
Name DUNGAN, DEBBIE  
Address 172 KING ARTHUR COURT  
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:** STACEY SLAMKA

PRESIDENT

01/21/2021

Electronic Signature of Signing Officer/Director Detail

Date