

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002888

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

**Current Principal Place of Business:**

77 ALMERIA ST  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

PO BOX 1389  
ST AUGUSTINE, FL 32085 US

**FEI Number:** 20-3367101

**Certificate of Status Desired:** No

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

RAULERSON, JANEEN  
77 ALMERIA ST  
ST AUGUSTINE, FL 32084 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:** JANEEN L RAULERSON

03/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SATKOWIAK, KIRSTEN  
Address PO BOX 1389  
City-State-Zip: ST AUGUSTINE FL 32085

Title SD  
Name VAN SKIVER, JENNIFER  
Address PO BOX 1389  
City-State-Zip: ST AUGUSTINE FL 32085

Title VP, D  
Name SLAMKA, STACEY  
Address PO BOX 1389  
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR  
Name PARKER, JONATHON  
Address PO BOX 1389  
City-State-Zip: ST AUGUSTINE FL 32085

Title T, D  
Name LASSETTER, HONGSONG  
Address PO BOX 1389  
City-State-Zip: ST AUGUSTINE FL 32085

*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:** KIRSTEN SATKOWIAK

PRESIDENT

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date