

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

DOCUMENT# N05000008230

**Entity Name:** CAMELOT TOWNHOME OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

215 W COLLEGE AVE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 3965  
TALLAHASSEE, FL 32315 US

**FEI Number:** 55-0903595

**Certificate of Status Desired:** No

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

CAPITAL ASSOCIATION MANAGEMENT LLC  
215 W COLLEGE AVE  
TALLAHASSEE, FL 32301 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:** PATTY SWAIN

01/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LEAH , LACAYO T  
Address 22 KING ARTHUR COURT  
City-State-Zip: CARWFOORDVILLE FL 32327

Title SECRETARY, TREASURER  
Name SACHDEVA, MANDIP  
Address 5405 WHISTRER DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGING AGENT  
Name CAPITAL ASSOCIATION  
MANAGEMENT LLC  
Address P.O. BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315  
  
Title VP  
Name GABBARD, JUDITH  
Address 10 SIR LANCELOT WAY  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** KYLE ROWELL

CFO

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date