
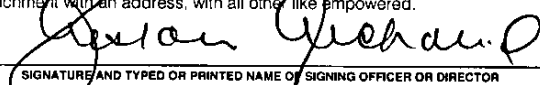


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90217 001 \*\*\*762.50

<b>DOCUMENT # 714649</b>					
1. Entity Name CAMELOT HALL CONDOMINIUM CORP., INC.					
Principal Place of Business 4301 NW 16TH STREET LAUDERHILL, FL 33313 US			Mailing Address 4301 NW 16TH STREET LAUDERHILL, FL 33313 US		
2. Principal Place of Business		3. Mailing Address		03152005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1320384	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEMIRE, REINE G 4301 N.W. 16TH ST. LAUDERHILL, FL 33313				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, GHISLAIN		NAME	Same.	
STREET ADDRESS	4321 NW 16TH STREET C-110		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLETTE, CLAUDE		NAME	LAVOIE RAYMOND	
STREET ADDRESS	4321 NW 16TH STREET C-305		STREET ADDRESS	4321 N.W. 16th St. C-204	
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, GHISLAIN		NAME		
STREET ADDRESS	4321 NW 16TH STREET C-110		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP	Same.	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL, ARNOLD		NAME		
STREET ADDRESS	4321 NW 16TH STREET C-103		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP	Same.	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFRENICAR, RONALD		NAME	LAFRENIERE, RONALD	
STREET ADDRESS	4321 NW 16TH STREET C-209		STREET ADDRESS	4321 N.W. 16th St. C-209	
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULIET, CLAUDE		NAME	POULIOT CLAUDE	
STREET ADDRESS	4321 NW 16TH ST C-201		STREET ADDRESS	4321 N.W. 16th St. C-201	
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP	LAUDERHILL FL 33313	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: 3/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

66012949



ATTACHMENT

66012949  
#714649



**CAMELOT HALL CONDOMINIUM CORP.**

4321 N.W. 16<sup>TH</sup> STREET, LAUDERHILL, FL 33313

TEL: 954-733-1922 . FAX: 954-733-2060

**BOARD OF DIRECTORS**  
**BUREAU DE DIRECTEURS**

**2004 - 2006**

<b>C-110</b>	<b>PRESIDENT/ PRESIDENT</b>	<b>MICHAUD, GHISLAIN</b>	<b>954-486-0595</b>
<b>C-204</b>	<b>V-PRÉSIDENT/ V-PRÉSIDENT</b>	<b>RAYMOND LAVOIE</b>	<b>954-731-5528</b>
<b>C-201</b>	<b>TREASURER/ TRESORIER</b>	<b>POULIOT, CLAUDE</b>	<b>954-777-2121</b>
<b>C-103</b>	<b>SECRETARY/ SECRETAIRE</b>	<b>FRANKEL, ARNOLD</b>	<b>954-484-0577</b>
<b>C-209</b>	<b>DIRECTOR/ DIRECTEUR</b>	<b>LAFRENIERE, RONALD</b>	<b>954-484-0964</b>
<b>C-103</b>	<b>SUMMER SUPERVISOR</b>	<b>A. FRANKLE</b>	<b>954-484-0577</b>