


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90154 028 ****61.25

DOCUMENT # 755464 1. Entity Name CAMELOT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3645 SE 8TH PL CAPE CORAL, FL 33904 US		Mailing Address 3645 SE 8TH PL CAPE CORAL, FL 33904 US	
2. Principal Place of Business <i>% American Condo Mgmt, Inc.</i> Suite, Apt. #, etc. 615 Cape Coral Pkwy W, #103 City & State		3. Mailing Address <i>% American Condo Mgmt</i> Suite, Apt. #, etc. PO Box 100399 City & State	
Zip 33914 Country	Zip 33910 Country	4. FEI Number 59-2398263	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZUNINO, PAOLA C/O GPM, INC. 3645 SE 8TH PLACE CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name SUSAN KASE Street Address (P.O. Box Number is Not Acceptable) % American Condo MGMT 615 Cape Coral Pkwy W, #103 City CAPE CORAL FL Zip Code 33914	
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 <i>Susan Kase</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Susan Kase</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RADUNZ, RON 24605 HIGHWAY 15 N HUTCHINSON, MN 55350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YORK, EDEL 869 SE 46TH LN #107 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUG MCDUGAL 853 SE 46TH LN #104 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRUNOSKE, GEN 1335 STATE STREET RT #49 CONSTANTIA, NY 13044 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE Anderson 853 SE 46TH LN, #205 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNISLEY, BERNIE 853 SE 46TH LN #204 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FITZ, DON 4192 EVERGREEN RD FELTON, PA 17322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Doug McDougal</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

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