

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90001 025 ****61.25

DOCUMENT # 756042

1. Entity Name
CAMELOT ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3355 S. ATLANTIC AVENUE #3
COCOA BEACH, FL 32931 US**

Mailing Address
**3355 S. ATLANTIC AVENUE #3
COCOA BEACH, FL 32931 US**

14818075



06302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2882214

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~CARLSON, KIMBERLY R~~ **Roberta S. Rhoades**
**3355 S ATLANTIC AVE #2
COCOA BEACH, FL 32931**

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IN THIS SPACE**

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

Roberta S Rhoades

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CARLSON, PATRICIA
3355 SO ATLANTIC AVE #4
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SHARPE, KELLI
3355 S ATLANTIC AVE #1
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CARLSON, KIMBERLY
3355 SO ATLANTIA AVE #2
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RHOADES, ROBERTA S
3355 SO ATLANTIC #3
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Roberta S Rhoades
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #