


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 756042</b> 1. Entity Name CAMELOT ESTATES CONDOMINIUM ASSOCIATION, INC.	
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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
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<b>DO NOT WRITE IN THIS SPACE</b>
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03252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2882214	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  RHOADES, O' BRIEN, ROBERTA S 3355 S ATLANTIC AVE #3 COCOA BEACH, FL 32931
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**DO NOT WRITE  
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

U000000682918  
04/05/07-80023-004 61.25

**DO NOT WRITE  
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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.	
<b>SIGNATURE:</b> <i>Roberta S Rhoades O'Brien</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Roberta S. Rhoades O'Brien</i> 3-27-07 321.868.1744 Date Daytime Phone #