


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90077 029 ****61.25

DOCUMENT # 756169	
1. Entity Name CAMELOT CONDOMINIUM ASSOCIATION OF MARCO ISLAND, INC.	

Principal Place of Business 961 COLLIER COURT MARCO ISLAND FL 33937	Mailing Address 961 COLLIER COURT MARCO ISLAND FL 33937
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State	City & State
Zip	Country

4. FEI Number 59-2099469	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SWALM, JOHN 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL 33940	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reelecting) DATE

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME MARTIN, TOM STREET ADDRESS 961 COLLIER BLVD P7 CITY-ST-ZIP MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME SOKOL, ROBERT STREET ADDRESS 961 COLLIER CT UNIT P04 CITY-ST-ZIP MARCO ISLAND FL	<input checked="" type="checkbox"/> Delete	TITLE S NAME John Steeves STREET ADDRESS 961 Collier Ct, Unit P8 CITY-ST-ZIP Marco Island, FL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JOBE, THOMAS STREET ADDRESS 961 COLLIER CT P3 CITY-ST-ZIP MARCO ISLAND FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME Bruce Werzel STREET ADDRESS 961 Collier Ct, 204 CITY-ST-ZIP Marco Island, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MILLER, DONALD STREET ADDRESS 961 COLLIER CT # P2 CITY-ST-ZIP MARCO ISLAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STEFANICK, ROBERT STREET ADDRESS 961 COLLIER CT. UNIT 209 CITY-ST-ZIP MARCO ISLAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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: *Thomas D. Martin* 2-6-06 239-3944758