

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760055

FILED
Apr 08, 2009
Secretary of State

Entity Name: CAMELOT AT KINGS LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CAMELOT AT KINGS LAKE
KINGS LAKE BLVD
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-2168265 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARFUMORSE, ED
Address: 3074 KINGS LAKE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: SITARIK, JOHN
Address: 3122 KINGS LAKE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: DUGENER, DAVE
Address: 3040 KINGS LAKE BLVD
City-St-Zip: NAPLES, FL 34112

Title: S (X) Delete
Name: CLARK, JANET
Address: 3044 KINGS LAKE BLVD
City-St-Zip: NAPLES, FL 34112

Title: D (X) Delete
Name: GREER, GARY
Address: 3104 KINGS LAKE BLVD.
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUGENER, DAVE
Address: 3040 KINGS LAKE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PLOCIDO, PHIL
Address: 3064 KINGS LAKE BLVD
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS

MGR

04/08/2009

Electronic Signature of Signing Officer or Director

Date