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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760482** (0)

1. Corporation Name

CAMELOT GARDENS CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2244 SOUTHEAST BLOSSOM ROAD
PT ST LUCIE FL 34952

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PT ST LUCIE FL 34952~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1981	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2227994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 100 Vista Royale Blvd.	26. 100 Vista Royale Blvd.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. Vero Beach, FL
24. Zip	29. 32962
25. Country	30. USA

9. Name and Address of Current Registered Agent

**CORNETT, JANE
401 E OSCEOLA ST.
STUART FL 34994**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUNTSBERRY, DALE
STREET ADDRESS	2302 ROUND TABLE DR
CITY - ST - ZIP	PORT ST LUCIE FL
TITLE	PD
NAME	EVANS, GEORGE
STREET ADDRESS	802 CAMELOT GNDS BLVD
CITY - ST - ZIP	PORT ST LUCIE FL
TITLE	SD
NAME	STARSTROM, ROSEMARIE
STREET ADDRESS	2902 ROUND TABLE DR
CITY - ST - ZIP	PORT ST LUCIE FL
TITLE	VPD
NAME	THOMSEN, ROBERT
STREET ADDRESS	2103 ROUNDTABLE DR
CITY - ST - ZIP	PORT ST LUCIE FL
TITLE	D
NAME	ZDEBSKI, CHARLES
STREET ADDRESS	2401 KING ARTHURS COURT
CITY - ST - ZIP	PORT ST LUCIE FL
TITLE	D
NAME	LEITKOWSKI, LOUIS
STREET ADDRESS	804 CASTLE CT
CITY - ST - ZIP	PORT ST LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY - ST - ZIP		
21. TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Hinnell, Lucy	
23. STREET ADDRESS	2201 Round Table Dr.	
24. CITY - ST - ZIP	Port St Lucie, FL	
31. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	Gahagan, Thelma	
33. STREET ADDRESS	2203 Round Table Dr.	
34. CITY - ST - ZIP	Port St. Lucie, FL	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	Glossa, Richard	
53. STREET ADDRESS	2102 Round Table Dr.	
54. CITY - ST - ZIP	Port St Lucie, FL	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dale Huntsberry Dale Huntsberry FEB 11, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Official Title)