

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 760482 (0)

1. Corporation Name

CAMELOT GARDENS CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: % VISTA PROPERTIES MANAGEMENT, INC. 100 VISTA ROYAL BLVD. VERO BEACH FL 32962
Mailing Address: % VISTA PROPERTIES MANAGEMENT, INC. 100 VISTA ROYAL BLVD. VERO BEACH FL 32962

3. Date Incorporated or Qualified: 10/19/1981
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2227994
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIN-LENN, NATALIE C.
2300 PALM BACH LAKES BLVD.
SUITE 215-F
WEST PALM BEACH FL 33409

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: HUNTSBERRY, DALE STREET ADDRESS: 2302 ROUND TABLE DR CITY-ST-ZIP: PORT ST LUCIE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: HINNELL, LUCY STREET ADDRESS: 2201 ROUND TABLE DR CITY-ST-ZIP: PORT ST. LUCIE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: GAHAGAN, THELMA STREET ADDRESS: 2203 ROUND TABLE DR CITY-ST-ZIP: PORT ST.LUCIE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD NAME: THOMSEN, ROBERT STREET ADDRESS: 2103 ROUNDTABLE DR CITY-ST-ZIP: PORT ST. LUCIE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: GLOSSA, RICHARD STREET ADDRESS: 2102 ROUND TABLE DR CITY-ST-ZIP: PORT ST. LUCIE FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: LEIKOWSKI, LOUIS STREET ADDRESS: 604 CASTLE CT CITY-ST-ZIP: PORT ST. LUCIE FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

D. Manuel Longueira
2103 SE. Calhoun Ln
Port St. Lucie Fl.

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 119.07(3)(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 L. Huntsberry, Treasurer
4751066

2-26-96 337 4679
Date Daytime Phone #

CR2E037 (12/95)