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 Apr 25 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 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 04/15/1996

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

4. FEI Number 59-2227994 Applied For Not Applicable
 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
CHIN-LENN, NATALIE C.
2300 PALM BACH LAKES BLVD.
SUITE 215-F
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTSBERRY, DALE	1.2 NAME	
STREET ADDRESS	2302 ROUND TABLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINNELL, LUCY	2.2 NAME	
STREET ADDRESS	2201 ROUND TABLE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAHAGAN, THELMA	3.2 NAME	Brown, Joe
STREET ADDRESS	2203 ROUND TABLE DR	3.3 STREET ADDRESS	3003 Round Table Dr
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	Port St. Lucie, FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSEN, ROBERT	4.2 NAME	Braun, Joseph
STREET ADDRESS	2103 ROUNDTABLE DR	4.3 STREET ADDRESS	3202 S.E. Guinevere
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	Port St. Lucie, FL
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOSSA, RICHARD	5.2 NAME	
STREET ADDRESS	2102 ROUND TABLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGUEIREZ, MANUEL	6.2 NAME	
STREET ADDRESS	3103 SE GUINEVERE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE 4/25/97

CR2E037 (9/96)