## 4-25-97 B 5329 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

760482

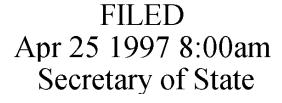
(0)

CAMELOT GARDENS CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% VISTA PROPERTIES MANAGEMENT. INC. 100 VISTA ROYAL BLVD. % VISTA PROPERTIES MANAGEMENT, INC. 100 VISTA ROYAL BLVD. VERO REACH FL 32982-3732



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VERO BEACH FL 32962			VE	VERO BEACH FL 32962-3732			3. Date Incorporated or Qualified	3a. [	Date of Last Report 04/15/1996						
									10/19/1981					1	
_	Principal Place of Business				2a. Mailing Address				4. FEI Number 59-2227994			Applied For Not Applicable			
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.								<del></del>	+	
22	<del>_</del>			27	<u>├</u> -				5. Certificate of Status Desired S8.75 Additional Fee Required						
City & State				City & State				6. Election Campaign Financing \$5.00 May Be							
23				28	<del></del>				Trust Fund Contribution						↲
_	Zip		Country	ļ,	Zip		ountry		8. This corporation has liability for intangible tax under			er s. 19	99.032		
24	L	25 29 30		30	Florida Statutes Yes										
9. Name and Address of Current Registered Agent					81	Name		10. Name and Address of New R	egistered	a Agent			┨		
	A1 144						["]	Name							ľ
CHIN-LENN, NATALIE C. 2300 PALM BACH LAKES BLVD.						82 Street Address (P.O. Box Number is Not Acceptable)				ble)				1	
						83								4	
	SUITE 2		II F1 A6466				03								-
WEST PALM BEACH FL 33409							84	City			FI	85 2	Zip Co	de	1
1	1. Pursuant i	to the provis	ions of Sections 6	17.0502 and 6	617.1508, Florida Statu	tes, the	above	e-named	corpor	ration submits this statement for the	purpose	of changir	g its r	egistered	1
	office or re agent. I a	egistered ag m familier wi	gent, or both, in th ith, and accept th	e State of Flor e obligations c	ida. Such change was of, Section 617.0503, F	authoriz Iorida St	ed by atules	the corp 3.	ooratio	n's board of directors. I hereby acce	pt the ap	pointment	as re	gistered	
SIGNATURE Signature, typod or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstalling) DATE															
12. OFFICERS AND				·-· · · · · · · · · · · · · · · · · · ·					ADDITIONS/CHANGES TO OFFICERS AND			DIRECTORS IN 12			
11	TLE	T			DELETE	1.1	TITLE					Chan	ge	Addition	٥
N/	NAME HUNTSBERRY, DALE				1,2 NAME		)	}						15	
STREET ADDRESS 2302 ROUND TABLE DR		R		1.3 STREET ADDR		ADDRESS							E		
C	CITY-ST-ZIP PORT ST LUCIE FL				1.4 CITY- S		T-ZIP							୍ବାହ	
Ī	TLE	S			DELETE	2.1	TITLE					Chan	ge	Addition	70
N/	NAME   HINNELL, LUCY				2.2 NAME										
STREET ADDRESS 2201 ROUND TABLE DR		R		2.3 STREET ADDRESS											
CI	CITY-ST-ZIP PORT ST. LUCIE FL.				2. 4 CITY - S		it - ZIP								
TI	TLE	D	_		DELETE	3.1	TITLE			D		Chan	ge	## Addition	
N	AME		AN, THELMA		ok In office	3.2	NAME	Ì		rown, Joe					
STREET ADDRESS 2203 HOUND TABLE DR		R	AN OTHER	3.3	STREET	ADDRESS	30	003 Round Table :	Dr						
C	TY-ST-ZIP	PORT_S	7.LUCIE FL			3.4	CITY-S	1 - 21P	Po	ort St. Lucie, F	L				↲
TI	TLE	VPD	/		# DELETE	4.1	TITLE	İ		VPD		∰ Chan	ge (	] Addition	
N/	VME		en, robert			4 2	NAME	- 1		raun, Joseph					
STREET ADDRESS 2103 ROUNDTABLE DR				4.3 STREET ADDRES		ADDRESS	32	202 S.E. Guineve	re						
Ö	CITY-ST-ZIP PORT ST. LUCIE FL			4.4	4.4 CITY - ST - ZIP			ort St. Lucie, F							
Tri	TLE	P DELETE		5.1	TITLE			• -		Chan	ge [	Addition			
N/	ME ]	- 1		5.2	5.2 NAME			•							
STREET ADDRESS 2102 ROUND TABLE DR		R		5.3	5.3 STREET ADDRESS										
	CITY-ST-ZIP PORT ST. LUCIE FL				5.4 CITY - ST - ZIP								_		
TI	TLE	D			☐ DELETE	6.1	TITLE	7				☐ Chan	ge ]	Addition	
W	WE		eirez, Manuel			6.2	NAME	J							1
STREET ADDRESS 3103 SE GUINEVERE LANE			ANE		6.3	STREET	ADDRESS							1	
CITY-ST-ZIP PORT ST.LUCIE FL				····		6.4 CITY-ST-ZIP									
1		w cortification	d the information r	فطائبها اممياهمين	bio filing does not our	litus for th	0.000			o Continu 110 07/21(i) Elevido Ctatute	مادسينا مم			_	

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119 D/(3)(i). Horida 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 eath; 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 shanged, or on an attachment with an address.

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