## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

CAMELOT GARDENS CONDOMINIUM HOMEOWNERS ASSOCIATI

ON, INC. Principal Place of Business Mailing Address

Secretary of State

**FILED** 

Apr 08 1998 8:00am

O VISTA ROYAL BLV	-	% VISTA PROPERTIES MANAGE 100 VISTA ROYAL BLVD. VERO BEACH FL 32862	MENT. INC.	3. Date Incorporated or Qualified 10/19/1981					
ero Beach FL 3296	4	AEUO DENOU LE 35905			pplied For				
				59-222 <b>7994</b> N	ot Applicable				
Principal Place of Business		26. Mailing Address 26	112 11 222	5. Certificate of Status Desired \$8.75	Additional equired				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 Trust Fund Contribution Added t					
City & State		City & State		7. Is this nonprofit corporation a homeowners association  Yes	n?				
Zip	Country 25	Zip <b>30</b>	Country		itangible No				
9. 1	Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Registered Agent					
CHIN-LENN, NATALIE C.									
SUITE 215-F	ACH LAKES BLVD.		83						
	BEACH FL 33409		84 City	FL ( )	Code				
<ol> <li>Pursuant to the p office or register.</li> </ol>	provisions of Sections 617. ed agent, or both, in the St	0502 and 617.1508, Florida Statutes, the tate of Florida. Such change was authorities.	ne above-name rized by the co	d corporation submits this statement for the purpose of changing reporation's board of directors. I hereby accept the appointment as	its registered 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 a		Registered Agent signature		DATE		
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/	CHANGES TO OFFICERS AN		
TITLE	T	☐ DELETE	1.1 TITLE			☐ Change	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	\$	☐ DELETE	2.1 TITLE			☐ Change	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	☐ DELETE	3.1 TITLE		•	Change	Addition
NAME	GAHAGAN, THELMA		3.2 NAME				
STREET ADDRESS	2203 ROUND TABLE DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST.LUCIE FL		3.4. CITY - ST - ZIP				
TITLE	VPD	☐ DELETE	4.1 TITLE			Change	Addition
NAME	BRAUN, JOSEPH		4. 2 NAME				
STREET ADDRESS	3202 SE GUINEVERE		4.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST LUCIE FL		4.4 CITY-ST-ZIP				
TITLE	P	DELETE	5.1 TITLE			Change	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	DELETE	6.1 TITLE	D		Change	Addition
NAME	LONGUEIREZ, MANUEL	, ,	6.2 NAME	LARESE, E	BRUNO		
STREET ADDRESS	3103 SE GUINEVERE LANE		6.3 STREET ADDRESS		TNG APTHIR'S	COURT	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)). 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 cath; 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:

3.23.98

337-4689