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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760482

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

450178-90236-41



2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country

3. Date Incorporated or Qualified: 10/19/1981

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

9. Name and Address of Current Registered Agent: CHON-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: 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 HUNTSBERRY, DALE 2302 ROUND TABLE DR PORT ST LUCIE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S HINNELL, LUCY 2201 ROUND TABLE DR PORT ST. LUCIE FL	<input type="checkbox"/> DELETE	1.2 NAME Bruno Larese <i>Director</i>	
D GAHAGAN, THELMA 2203 ROUND TABLE DR PORT ST. LUCIE FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 2402 SE King Arthurs Ct.	
VPD BRAUN, JOSEPH 3202 SE GUINEVERE PORT ST LUCIE FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Port St. Lucie, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P GLOSSA, RICHARD 2102 ROUND TABLE DR PORT ST. LUCIE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME BRAUN, JOSEPH <i>Director</i>	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 3202 SE GUINEVERE	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP PORT ST LUCIE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME Matthews, Howard	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS 1101 SE Sir Lancelot Dr.	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP Port St. Lucie, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE	
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered.

SIGNATURE: *[Signature]* 3-4-99 561-337-1870

CR21037 (1/198)