

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90074 005 \*\*\*\*61.25

**DOCUMENT # 760482**

1. Entity Name

**CAMELOT GARDENS CONDOMINIUM HOMEOWNERS ASSOCIATI**

Principal Place of Business

Mailing Address

% VISTA PROPERTIES MANAGEMENT, INC.  
 100 VISTA ROYAL BLVD.  
 VERO BEACH FL 32962

% VISTA PROPERTIES MANAGEMENT, INC.  
 100 VISTA ROYAL BLVD.  
 VERO BEACH FL 32962-3750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2227994**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: **Deborah L. Ross**  
 Street Address (P.O. Box Number is Not Acceptable): **River Oak Center**  
**401 E. Osceola St.**  
 City: **Stuart** FL Zip Code: **34994**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Delete  
 NAME: **VPD LARESE, BRUNO**  
 STREET ADDRESS: **2402 SE KING ARTHURS CT**  
 CITY-ST-ZIP: **PORT ST LUCIE FL**

TITLE:  Change  Addition  
 NAME: ~~Joseph~~  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME: ~~HINELL, LUCY~~ **HINELL, Lucy**  
 STREET ADDRESS: **2201 ROUND TABLE DR**  
 CITY-ST-ZIP: **PORT ST. LUCIE FL**

TITLE:  Change  Addition  
 NAME: **TD BROWN, Joseph**  
 STREET ADDRESS: **3003 SE Round Table DR**  
 CITY-ST-ZIP: **PORT ST. LUCIE, FL 34952**

TITLE:  Delete  
 NAME: ~~BRUNO~~ **BRUNO, JOSEPH**  
 STREET ADDRESS: **3202 SE GUINEVERE**  
 CITY-ST-ZIP: **PORT ST. LUCIE FL**

TITLE:  Change  Addition  
 NAME: **D SCHLEICHER, ROBERT**  
 STREET ADDRESS: **501 SE CASTLE CT.**  
 CITY-ST-ZIP: **PORT ST. LUCIE, FL 34952**

TITLE:  Delete  
 NAME: **P GLOSSA, RICHARD**  
 STREET ADDRESS: **2102 ROUND TABLE DR**  
 CITY-ST-ZIP: **PORT ST. LUCIE FL**

TITLE:  Change  Addition  
 NAME: **D DENAULT, LEO**  
 STREET ADDRESS: **502 SE CASTLE CT**  
 CITY-ST-ZIP: **PORT ST. LUCIE, FL 34952**

TITLE:  Delete  
 NAME: ~~PD~~ **PD MATTHEWS, HOWARD**  
 STREET ADDRESS: **1101 SE SIR LANCELOT DR**  
 CITY-ST-ZIP: **PORT ST LUCIE FL**

TITLE:  Change  Addition  
 NAME: **D MISITANO, GIULIO**  
 STREET ADDRESS: **1001 SE CAMELOT GARDENS BLVD.**  
 CITY-ST-ZIP: **PORT ST. LUCIE, FL 34952**

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Deborah L. Ross*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/00**  
 DATE

**561-337-1870**  
 DAYTIME PHONE #

CR2E037 (9/99)