

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

0031338

DOCUMENT # 760482

1. Entity Name

CAMELOT GARDENS CONDOMINIUM HOMEOWNERS ASSOCIATI

03-21-2001 90038 018 ****61.25

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



DO NOT WRITE IN THIS SPACE

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

**ROSS, DEBORAH L
 RIVER OAK CENTER
 401 E OSCEOLA ST
 STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 NAME	VPD LARESE, BRUNO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2402 SE KING ARTHURS CT	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE NAME	HINNELL, LUCY	<input type="checkbox"/> Delete
STREET ADDRESS	2201 ROUND TABLE DR	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE NAME	VPD BRAUN, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	3202 SE GUINEVERE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE NAME	P GLOSSA, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2102 ROUND TABLE DR	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE NAME	D MATTHEWS, HOWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1101 SE SIR LANCELOT DR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VPD JOE BROWN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3003 S.E. ROUND TABLE	
CITY-ST-ZIP	PORT ST. LUCIE, FL	
TITLE NAME	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD BERNADETTE AMBROSINO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	404 S.E. CASTLE COURT	
CITY-ST-ZIP	PORT ST. LUCIE, FL	
TITLE NAME	D PATTI ANN GULLYSCI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1402 S.E. EXCALIBUR	
CITY-ST-ZIP	PORT ST. LUCIE, FL	
TITLE NAME	D GUILIO MISITANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1001 S.E. CAMELOT G.	
CITY-ST-ZIP	PORT ST. LUCIE, FL	

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01

Date

Daytime Phone #

CR2E037 (10/00)

ATTACHMENT
2001 UNIFORM BUSINESS REPORT
DOCUMENT # 760482
CAMELOT GARDENS CONDOMINIUM
FEI # 59-2227994

Attachment
#760482
9357083
HOMEOWNERS ASSOCIATION

ADDITION

D
BOB SCHLEICHER
501 S.E. CASTLE COURT
PORT ST. LUCIE, FL 3