

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90186 038 ****61.25

DOCUMENT # 760482

1. Entity 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**

14006263



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRAUN, JOSEPH
3202 SE GUINEVERE LANE
PORT SAINT LUCIE, FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HINNELL, LUCY
2201 ROUND TABLE DR
PORT ST. LUCIE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAISER, ALICE
2101 SE ROUND TABLE DR
PORT SAINT LUCIE, FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
AMBROSINO, BERNADETTE
404 SE CASTLE CT
PORT SAINT LUCIE, FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GULLUSCI, PATTI A
1402 SE EXCALIBUR LANE
PORT SAINT LUCIE, FL 34952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GUINTA, JOHN
1801 SIR LANCELOT DRIVE
PORT SAINT LUCIE, FL 34952** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAROLD A, MICHAEL
503 SE CASTLE CT.
PORT ST. LUCIE, FL 34952** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAM NOLAN
1802 SE SIR LANCELOT DR.
PORT ST. LUCIE FL 34952** ☐ Change ☒ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-04

Date

Daytime Phone #

**VISTA
772-876-6533**