

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90051 001 ****61.25

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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	
2. Principal Place of Business - No P.O. Box # 2244 SE Blossom Rd.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St. Lucie, FL		City & State	
Zip 34952		Country	
4. FEI Number 59-2227994		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN, JOSEPH 3202 SE GUINEVERE LANE PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACCO, PAT 802 SE CAMELOT BLVD PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, MERYL 1901 ROUND TABLE DR PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMBROSINO, BERNADETTE 404 SE CASTLE CT PORT SAINT LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULLUSCI, PATTI A 1402 SE EXCALIBUR LANE PORT SAINT LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Van Harken, Donald 2101 SE Round Table Drive Port St. Lucie, FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEDRANI, ANN 2003 ROUND TABLE DR PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Vedrani, Ann 2002 SE Round Table Drive Port St. Lucie, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.			
SIGNATURE: <i>Donald R. Van Harken</i>		Date: 04/11/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	