


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90021 034 \*\*\*\*61.25

**DOCUMENT # 760482**

1. Entity Name  
**CAMELOT GARDENS CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 2244 SE BLOSSOM RD.  
 PORT SAINT LUCIE, FL 34952

Mailing Address  
 2244 SE BLOSSOM RD.  
 PORT SAINT LUCIE, FL 34952

40069841



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-2227994

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**JANE L CORWETT**

Street Address (P.O. Box Number is Not Acceptable)  
**401 EAST OSCEOLA STREET**

**FIRST FLOOR, RIVER OAK CENTER**

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

SIGNATURE JANE L CORWETT (NOTE: Registered Agent signature required when reinstating)

DATE 4/12/08

Filing Fee is **\$61.25** Due by **May 1, 2008**

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		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ambrosino, Bernadette 404 SE Castle Court Port St. Lucie, FL 34952 <input type="checkbox"/> Change <input checked="" 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	DVP Hinnell, Lucy 2201 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 TOWNSEND, MERYL 1901 ROUND TABLE DR PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sacco, Pat 802 SE Camelot Blvd. Port St. Lucie, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEDRANI, ANN 2002 SE ROUND TABLE DR. PORT SAINT LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Donald Van Herwen 2101 ROUND TABLE DRIVE PORT ST LUCIE, FL 34952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEDRANI, ANN 2003 ROUND TABLE DR PORT SAINT LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Phyllis Breistol 903 CAMELOT GARDENS BLD. Port St. Lucie, FL 34952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JOSEPH HARDIMAN 2602 KING ARTHUR CT PORT ST LUCIE, FL 34952 <input 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 another like empowered.

SIGNATURE: Patricia Sacco 3/19/08 (772) 335-1910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #