2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760482

FILED Apr 22, 2009 Secretary of State

Entity Name: CAMELOT GARDENS CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Pri	New Principal Place of Business:			
	OSSOM RD. NT LUCIE, FL	34952					
Current Mailing Address:			New Ma	New Mailing Address:			
2244 SE BLOSSOM RD. PORT SAINT LUCIE, FL 34952			2061 IND	C/O SOUNDVIEW PROPERTY MANAGEMENT 2061 INDIAN RIVER BLVD. VERO BEACH, FL 32960			
FEI Number:	59-2227994	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired	l()	
Name and	Address of C	urrent Registered Agent:	Name ar	nd Address of	New Registered Agent:		
FIRST FLO STUART, F	OSCEOLA ST OR, RIVER C FL 34994 US		rnose of changing	n its registered	office or registered agent of	or both	
in the State		submits this statement for the pu	rpose or changing	g its registered	office of registered agent, e	n bour,	
SIGNATUR		is Cianatura of Donistand Assu			Data		
Electronic Signature of Registered Agent				Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
	AND DIREC					ECTORS:	
Title: Name: Address: City-St-Zip:	BERNADETTE, 404 SE CASTL		Title: Name: Address: City-St-Zip		() Change() Addition		
Title: Name: Address: City-St-Zip:	SACCO, PAT 802 SE CAMEL	Delete OT BLVD JCIE, FL 34952	Title: Name: Address: City-St-Zip	SACCO, PAT 802 SE CAMI			
Title: Name: Address: City-St-Zip:	SACCO, PAT 802 SE CAMEL	Delete OT BLVD JCIE, FL 34952	Title: Name: Address: City-St-Zip	HINELL, LUC 2201 SE ROL	(X) Change () Addition Y JND TABLE DR. LUCIE, FL 34952		
Title: Name: Address: City-St-Zip:	HARKEN, DON 2101 ROUND T		Title: Name: Address: City-St-Zip	VAN HARKEN 2101 ROUND	(X) Change () Addition N, DONALD O TABLE DRIVE LUCIE, FL 34952		
Title: Name: Address: City-St-Zip:	BREISTOL, PH 903 CAMELOT	Delete YLLUS GARDENS BLVD JCIE, FL 34952	Title: Name: Address: City-St-Zip		() Change () Addition		
Title: Name: Address: City-St-Zip:	HARDIMAN, JO 2802 KING ART		Title: Name: Address: City-St-Zip		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH HYATT M 04/22/2009