


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90457 017 ****61.25

DOCUMENT # 760995 1. Entity Name CAMELOT RESIDENCE'S ASSOCIATION, INC.					
Principal Place of Business CAMELOT ESTATES 3152 SIR HAMILTON CIR. TITUSVILLE, FL 32780 US			Mailing Address CAMELOT RESIDENCE'S PO BOX 248 TITUSVILLE, FL 32780 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2266222	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOE D. MATHENY 355 INCIAN RIVER AVE TITUSVILLE, FL 32796				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				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 WOOLDRIDGE, WILLIAM 2995 SIR HAMILTON CIRCLE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 PD Greg Hunnicutt 1306 Robbinswood Drive Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNNICUTT, GREG 1306 ROBINSWOOD ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Diane Hawthorne 3012 Sir Hamilton Circle Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCKS, KIM PO 335 SCOTTSMOOR, FL 32775	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph Hill 3028 Sir Hamilton Circle Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, JOSEPH 3028 SIR HAMILTON CIRCLE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Wilkinson 1321 Cheney Highway Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWTHORNE, DONALD 3012 SIR HAMILTON CIR. TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kim Lucks PO Box 335 Scottsmeer, FL 32775
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNIMAN, ELIOT 3004 SIR HAMILTON CIR. TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gerald Britton 905 Pilgram Drive Titusville, FL 32780
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 empowered.					
SIGNATURE: _____ <i>Greg Hunnicutt</i> _____ 4-19-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					