

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760995

FILED
Mar 16, 2009
Secretary of State

Entity Name: CAMELOT RESIDENCE'S ASSOCIATION, INC.

Current Principal Place of Business:

CAMELOT ESTATES
3152 SIR HAMILTON CIR.
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

CAMELOT RESIDENCE'S
PO BOX 248
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 59-2266222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOE D. MATHENY
355 INDIAN RIVER AVE
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HAWTHORNE, DIANE
Address: 3012 SIR HAMILTON CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: HUNMCUTT, GREG
Address: 1306 ROBINSWOOD
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: LUCKS, KIM
Address: PO 335
City-St-Zip: SCOTTSMOOR, FL 32775

Title: PSD () Delete
Name: HILL, JOSEPH
Address: 3028 SIR HAMILTON CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: WOOLDRIDGE, WILLIAM
Address: 2995 SIR HAMILTON CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HUNMCUTT, GREG
Address: 1306 ROBINSWOOD
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BRITTON, GERALD
Address: 905 PILGRAM DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: VPD (X) Change () Addition
Name: WOOLDRIDGE, WILLIAM
Address: 2995 SIR HAMILTON CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

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: GERALD BRITTON

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date