

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763196 (3)**  
1. Corporation Name  
**CAMELOT CONDOMINIUM OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>1801 GULF WAY ST. PETERSBURG BCH. FL 33706</b>	Mailing Address <b>1801 GULF WAY ST. PETERSBURG BCH. FL 33706</b>
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3. Date Incorporated or Qualified <b>05/10/1982</b>		
4. FEI Number <b>59-2880659</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**MITCHELL, HOWARD E. SR.  
6000 LYNN AVE  
TAMPA FL 33604**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Howard E. Mitchell Sr.* DATE: **4/10/98**

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MITCHELL, HOWARD E., SR	
STREET ADDRESS	6000 LYNN AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, JAY A.	
STREET ADDRESS	101 5TH AVE	
CITY - ST - ZIP	ST PETE BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHEUERMAN, MARY J	
STREET ADDRESS	1799 LAKEVIEW VILLAGE DR	
CITY - ST - ZIP	BRANDON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCOY, GEORGE	
STREET ADDRESS	5035 LILY ST PL	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCNAB, RICHARD M.	
STREET ADDRESS	4765C BCH DR SE	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GRIFFIN, ROBERT	
1.3 STREET ADDRESS	12706 SYBILA PL	
1.4 CITY - ST - ZIP	TAMPA, FL 33625-3969	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MURPHY, TIMOTHY	
2.3 STREET ADDRESS	2618 GULF BLVD., #406	
2.4 CITY - ST - ZIP	INDIAN ROCKS BEACH, FL 33785	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Howard E. Mitchell Sr.* DATE: **4/10/98** (813) 360-6988

CR2E037 (1097)