FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 18 1997 8:00am

Secretary of State

A CORNEL BORER BARER BARER BERRE BORE FOR THE PERSON BARER BARER BARER BARER FRANCISCO

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

766572

(2)

CAMELOT GARDENS HOMEOWNERS ASSOCIATION, INC.

					<u> </u>		
Principal Place	e of Business	Mailing Address			·	i B. 1801 0.4011 0.1031 0.1014 0.1011	f 0.10.10 0.10.11 (0.01
C/O J&L PROPERTY MGMT., INC. 10191 WEST SAMPLE RD., SUITE 203 CORAL SPRINGS FL 33065		C/O J&L PROPERTY MGMT., INC. 10191 WEST SAMPLE RD., SUITE 203 CORAL SPRINGS FL 33065-3961					
001112 01 11110	0.0000				3. Date Incorporated or Qualified 01/17/1983	3a. Date of Last 04/24/1	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 59-2277303		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	Zip	ip Country		8. This corporation has liability fo		s. 199.032,
24	25	29 3	0			Yes No	
-	9, Name and Address of Curren	t Registered Agent		NI	10. Name and Address of New F	legistered Agent	
	0.11 BFD1770		81	Name			
10191 W	Calderazzo / Sampl RD				ress (P.O. Box Number is Not Accepta	able)	
SUITE 2			83				
CORAL	SPRINGS FL 33065		84	City		FL 85 Zij	p Code
office or re	lo the provisions of Sections 617.050; egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	the corpora	poration submits this statement for the tion's board of directors. I hereby acc	purpose of changing	its registered as registered
SIGNATURE _	Signature, typed or printed name of registers diages	and tilk if applicable (NOTE:	recestered Age	nt sjonalure regui	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	c Addition
NAME	WHITERCRAFT, MINDY		1.2 NAME				}
STREET ADDRESS	2533 CAMELOT COURT		1.3 STREET	ADDRESS			
CITY-ST-ZIP	COOPER CITY FL	· · · · · · · · · · · · · · · · · · ·	1.4 CHY-S	T - ZIP			
TITLE	ŤĎ	☐ DELETE	2 1 111LE			☐ Change	e 🔲 Add-tion
NAME	ABERLE, PAULA		2.2 NAMI				
STREET ADDRESS	2518 CAMELOT COURT		23 STREET	ADDRESS			
CITY-ST-ZIP	COOPER CITY FL		2 4 CITY-5	ST - ZIP			
TITLE	OCHEDD MEHOCA	LI DETETE	311111			L Change	e L_ Addition
NAME	SCHERR, MELISSA		3.2 NAME				
STREET ADDRESS	2593 LAKEVIEW CT COOPER CITY FL		3 3 STREET	}			
CITY-ST-ZIP TITLE	DV	DOFIE	3 4. CrTY - 9 4 1 TITLE	ST · ZIP		Change	e 🗍 Addition
NAME	ELIVAVA, ELLEN	(//// ()	4 2 NAME			Change	, LJ Addition
STREET ADDRESS	2578 GARDEN CT. #325		4 2 NAME	ADDOLGÓ			
CITY-ST-ZIP	COOPER CITY FL		4.4 City - S				
TITLE		DELFTE	5.1 HILE	1 · 211		Change	e Addition
NAME			5 2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CHY+S				
TITLE		DELFTE	6.1 TITLE			☐ Change	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6 4 CHY-S	1 - 716			
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this ground 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 efficiency of this corporation or the receiver or trusted empowered to execute this report as required by Chapter 17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachpent with an address.							