

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766572

1. Corporation Name
CAMELOT GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 C/O J&L PROPERTY MGMT., INC.
 10191 WEST SAMPLE RD., SUITE 203
 CORAL SPRINGS FL 33065

Mailing Address
 C/O J&L PROPERTY MGMT., INC.
 10191 WEST SAMPLE RD., SUITE 203
 CORAL SPRINGS FL 33065



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/17/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2277303	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAMES CALDERAZZO 10191 W SAMPL RD SUITE 203 CORAL SPRINGS FL 33065				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITCRAFT, MINDY		1.2 NAME				
STREET ADDRESS	2533 CAMELOT COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	TD	GERALDINE F. KOUMISS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ABERLE, PAULA		2.2 NAME	2570 LAKEVIEW CT			
STREET ADDRESS	2518 CAMELOT COURT		2.3 STREET ADDRESS	COOPER CITY, FL 33026			
CITY-ST-ZIP	COOPER CITY FL		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	JAMES OLIVER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHERR, MELISSA		3.2 NAME	2555 LAKEVIEW CT.			
STREET ADDRESS	2593 LAKEVIEW CT		3.3 STREET ADDRESS	COOPER CITY, FL 33026			
CITY-ST-ZIP	COOPER CITY FL		3.4 CITY-ST-ZIP				
TITLE	DV	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	RALPH FASANO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELIVAVA, ELLEN		4.2 NAME	2551 GARDEN CT.			
STREET ADDRESS	2578 GARDEN CT. #325		4.3 STREET ADDRESS	COOPER CITY, FL 33026			
CITY-ST-ZIP	COOPER CITY FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Melissa Scherr SIGNATURE REQUIRED Date: 2/15/99 Daytime Phone #

CR2E037 (1/1/98)