

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90103 032 \*\*\*\*61.25

**DOCUMENT # 766572**

1. Entity Name

**CAMELOT GARDENS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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 33065-3960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2277303**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES CALDERAZZO**  
 10191 W SAMPL RD  
 SUITE 203  
 CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITCRAFT, MINDY	
STREET ADDRESS	2533 CAMELOT COURT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ABERLE, PAULA	
STREET ADDRESS	2518 CAMELOT COURT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KOUMISS, GERALDINE F	
STREET ADDRESS	2570 LAKEVIEW CT	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLIVER, JAMES	
STREET ADDRESS	2555 LAKEVIEW CT	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FASANO, RALPH	
STREET ADDRESS	2551 GARDEN CT	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP/D	<input type="checkbox"/> Change
NAME	Steve Cohen	
STREET ADDRESS	2547 CAMELOT COURT	
CITY-ST-ZIP	Cooper City FL 33026	
TITLE	Sect/D	<input type="checkbox"/> Change
NAME	Malissa Schorr	
STREET ADDRESS	2593 Lakeview Court	
CITY-ST-ZIP	Cooper City FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** *Mindy Whitcraft*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-17-00* *954-480-1508*  
 Date Daytime Phone #