

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766572

FILED
Feb 13, 2009
Secretary of State

Entity Name: CAMELOT GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% J&L MANAGEMENT
10191 W. SAMPLE RD. SUITE 203
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

% J&L MANAGEMENT
10191 W. SAMPLE RD. SUITE 203
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 59-2277303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ROBERT C ESQ
MARTIN & BENNIS, P.A.
319 S.E. 14TH ST
FORT LAUDERDALE, FL 33316 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: SD () Delete
Name: SCHERR, MELISSA
Address: 2593 LAKEVIEW COURT
City-St-Zip: COOPER CITY, FL 33026

Title: TD () Delete
Name: KOUMISS, GERALDINE
Address: 2570 LAKEVIEW COURT
City-St-Zip: COOPER CITY, FL 33026

Title: VPD () Delete
Name: COHEN, STEVEN
Address: 2547 CAMELOT COURT
City-St-Zip: COOPER CITY, FL 33026

Title: V () Delete
Name: LINARES-COLON, DELCARMEN
Address: 2574 LAKEVIEW CT.
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: MERRIMAN, TIMOTHY J
Address: 2572 GARDEN CT.
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S D (X) Change () Addition
Name: SCHERR, MELISSA
Address: 2593 LAKEVIEW COURT
City-St-Zip: COOPER CITY, FL 33026

Title: T D (X) Change () Addition
Name: KOUMISS, GERALDINE
Address: 2570 LAKEVIEW COURT
City-St-Zip: COOPER CITY, FL 33026

Title: P (X) Change () Addition
Name: COHEN, STEVEN
Address: 2547 CAMELOT COURT
City-St-Zip: COOPER CITY, FL 33026

Title: VP (X) Change () Addition
Name: LINARES, DELCARMEN
Address: 2574 LAKEVIEW CT.
City-St-Zip: COOPER CITY, FL 33026

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

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: STEVE COHEN

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date