

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J65686

FILED
Apr 30, 2008
Secretary of State

Entity Name: CAMELOT WEST APARTMENTS, INC.

Current Principal Place of Business:

2635 N. ANDREWS AVENUE
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

2635 N. ANDREWS AVENUE
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 65-0001581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETRECCIA, MARTINO
3333 NE 38TH STREET
FT. LAUDERDALE, FL 33308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PETRECCIA, MARTINO,
Address: 3333 NE 38 STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: V () Delete
Name: PETRECCIA, ROSETTA
Address: 3333 NE 38TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T () Delete
Name: PETRECCIA, ANGELO
Address: 5737 NE 15 AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S () Delete
Name: LURIE, TERESA
Address: 222 IMPERIAL LANE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERI LURIE

S

04/30/2008

Electronic Signature of Signing Officer or Director

Date