

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J65686

FILED  
Apr 26, 2011  
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:**

LURIE, TERI  
2635 N. ANDREWS AVENUE  
WILTON MANORS, FL 33311 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: P  
Name: LURIE, TERI  
Address: 2635 N. ANDREWS AVENUE  
City-St-Zip: WILTON MANORS, FL 33311

Title: V  
Name: PETRECCIA, ROSSANA  
Address: 2635 N. ANDREWS AVENUE  
City-St-Zip: WILTON MANORS, FL 33311

I hereby 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 all other like empowered.

SIGNATURE: TERI LURIE

P

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date