

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002311

FILED
Jan 06, 2010
Secretary of State

Entity Name: CAMELOT WOODS II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

809 EAST BLOOMINGDALE AVENUE #425
BRANDON, FL 335118113 US

New Principal Place of Business:

Current Mailing Address:

C/O EXCELSIOR COMMUNITY MANAGEMENT LLC
809 EAST BLOOMINGDALE AVENUE #425
BRANDON, FL 335118113 US

New Mailing Address:

FEI Number: 59-3651695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TATKA, KENNETH B
4635 POND RIDGE DRIVE
RIVERVIEW, FL 335782123 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: PD
Name: SMITH, JONATHAN
Address: 809 EAST BLOOMINGDALE AVENUE #425
City-St-Zip: BRANDON, FL 335118113 US

Title: TD
Name: ALBRITTON, MARTHA
Address: 809 EAST BLOOMINGDALE AVENUE #425
City-St-Zip: BRANDON, FL 335118113 US

Title: SD
Name: RODGERS, KIMBERLY
Address: 809 EAST BLOOMINGDALE AVENUE #425
City-St-Zip: BRANDON, FL 335118113 US

Title: VD
Name: GRACE, MICHAEL
Address: 809 EAST BLOOMINGDALE AVENUE #425
City-St-Zip: BRANDON, FL 335118113 US

Title: VD
Name: VERNON, TODD
Address: 809 E. BLOOMINGDALE AVENUE #425
City-St-Zip: BRANDON, FL 335118113 US

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

SIGNATURE: KENNETH B. TATKA

LCAM

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date