

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004253

FILED
Apr 07, 2009
Secretary of State

Entity Name: CAMELOT ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1941 NW 150 AVENUE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1941 NW 150 AVENUE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 90-0023564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
GLOBAL COMMERCE CENTER
1900 NORTH COMMERCE PKWY
WESTON, FL 33326 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: DT () Delete
Name: MAITLAND, JANET
Address: 5410 SW 129 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: PD () Delete
Name: NEWHART, MAX
Address: 12793 SW 53RD ST
City-St-Zip: MIRAMAR, FL 33027

Title: VD () Delete
Name: HYPPOLITE, IRENE
Address: 12795 SW 54 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: SD () Delete
Name: EVERETT, JOEY
Address: 12760 SW 53 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: VAZQUEZ, MARLENE
Address: 12781 SW 53 STREET
City-St-Zip: MIRAMAR, FL 33027

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: SD (X) Change () Addition
Name: LUGG, NORMA
Address: 12755 SW 54 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change () Addition
Name: BENOIT, CARMEL
Address: 12881 SW 53 STREET
City-St-Zip: MIRAMAR, FL 33027

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: MAX NEWHART

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date