

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005131

FILED  
Mar 25, 2007  
Secretary of State

**Entity Name:** CAMELOT AT MANDARIN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12889 CANNINGTON COVE TERRACE  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

12889 CANNINGTON COVE TERRACE  
JACKSONVILLE, FL 32258

**New Mailing Address:**

**FEI Number:** 42-1555926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LATIFF, MARK  
12889 CANNINGTON COVE TERRACE  
JACKSONVILLE, FL 32258 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 ( ) Delete  
Name: LATIFF, MARK  
Address: 12889 CANNINGTON COVE TERRACE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VT ( ) Delete  
Name: GORE, TERESA  
Address: 12865 CANNINGTON COVE TERRACE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: GORE, KEN  
Address: 12865 CANNINGTON COVE TERRACE  
City-St-Zip: JACKSONVILLE, FL 32258

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: TERESA GORE

VT

03/25/2007

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

\_\_\_\_\_  
Date