

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90010 043 \*\*\*\*61.25

DOCUMENT # N03000004062

1. Entity Name

CAMELOT UPON BLIND PASS, INC.



Principal Place of Business

Mailing Address

8912 BLIND PASS ROAD  
SAINT PETERSBURG BEACH FL 33706

8912 BLIND PASS ROAD  
SAINT PETERSBURG BEACH FL 33706

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-1187123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAJEK, MICHAEL W  
5308 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
TAYLOR, WM  
8912 BLIND PASS ROAD  
SAINT PETERSBURG BEACH FL 33706 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
DAVID SPENSLEY  
8912 Blind Pass Rd  
St. Pete Beach, FL 33706 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
HAJEK, MIKE  
5308 CENTRAL AVE  
SAINT PETERSBURG FL 33706 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Norman Rice  
8900 Blind Pass Rd.  
St Pete Beach, FL 33706 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
LAMBRECHT, MARCIA  
8912 BLIND PASS ROAD  
SAINT PETERSBURG BEACH FL 33706 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcia Lambrecht* MARCIA LAMBRECHT 2-10-07 727-360-7590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #