

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008230

**FILED**  
**Oct 22, 2009**  
**Secretary of State**

**Entity Name:** CAMELOT TOWNHOME OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

508-A CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

46 SAVANNAH FOREST CIRCLE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

528 EAST PARK AVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

P.O. BOX 298  
CRAWFORDVILLE, FL 32326

**FEI Number:** 55-0903595      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MAILLE, ANGIE  
46 SAVANAH FOREST CIRCLE  
CRAWFORDVILLE, FL 32321      US

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

MAILLE, ANGIE  
46 SAVANAH FOREST CIRCLE  
CRAWFORDVILLE, FL 32327      US

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: ANGIE MAILLE

10/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: TURNER, DOUGLAS E  
Address: 508-A CAPITAL CIR SE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D      ( ) Delete  
Name: SAXON, FRED  
Address: 508-A CAPITAL CIR SE  
City-St-Zip: TALLAHASSEE, FL 32301

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: FLETCHER, BONNIE  
Address: 16C GUINEVERE LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      (X) Change ( ) Addition  
Name: JAREMKO, CAROL  
Address: 28A GUINEVERE LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      ( ) Change (X) Addition  
Name: KILLINGSWORTH, KEN  
Address: 28B GUINEVERE LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: ANGIE MAILLE

CAM

10/22/2009

Electronic Signature of Signing Officer or Director

Date