

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15016

FILED
Mar 26, 2009
Secretary of State

Entity Name: CAMELOT OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BAY MANAGEMENT, INC.
1153 MAIN ST, SUITE 101
DUNEDIN, FL 34698 US

New Principal Place of Business:

C/O BAY MANAGEMENT, INC.
2445 TAMPA RD., STE. B
PALM HARBOR, FL 34683 US

Current Mailing Address:

BAY MANAGEMENT, INC.
275 RIVIERE ROAD
PALM HARBOR, FL 34683 US

New Mailing Address:

C/O BAY MANAGEMENT, INC.
2445 TAMPA RD., STE. B
PALM HARBOR, FL 34683 US

FEI Number: 59-2972850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEG, WALTER R
275 RIVIERE ROAD
PALM HARBOR, FL 33683 US

Name and Address of New Registered Agent:

SIEG, WALTER R
275 RIVIERE ROAD
PALM HARBOR, FL 34683 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: WATLER R SIEG

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LORDAN, SUSAN R
Address: 602 LIME AVE UNIT #502
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: PARIS, ELLEN J
Address: 602 LIME AVE UNIT #501
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Delete
Name: ANDREWS, MARY JANE
Address: 602 LIME AVENUE UNIT # 101
City-St-Zip: CLEARWATER, FL 33756

Title: V () Delete
Name: WALKER, CHRISTOPHER A
Address: 602 LIME AVE #301
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LORDAN, SUSAN R
Address: 602 LIME AVE UNIT #502
City-St-Zip: CLEARWATER, FL 33756

Title: T (X) Change () Addition
Name: LEONBERG, JOEL
Address: 602 LIME AVE UNIT #203
City-St-Zip: CLEARWATER, FL 33756

Title: S (X) Change () Addition
Name: ANDREWS, MARY JANE
Address: 602 LIME AVENUE UNIT # 101
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN R LORDAN

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date