

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22049

FILED
Apr 10, 2009
Secretary of State

Entity Name: CAMELOT VILLAGE OF HIGHLAND LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CALIBER CONDO MGT INC
32712 US 19 NORTH
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

C/O CALIBER CONDO MGT INC
32712 US 19 NORTH
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 59-2898851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MARJORIE J
32712 US 19 NORTH
PALM HARBOR, FL 34684 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: VPD () Delete
Name: SINDLER, RON
Address: 1252 CAMELOT CT
City-St-Zip: PALM HARBOR, FL 34684

Title: PD () Delete
Name: CAMPOLI, LARRY
Address: 1353 CAMELOT CR
City-St-Zip: PALM HARBOR, FL 34684

Title: SD () Delete
Name: CAMPOLI, ELAINE
Address: 1353 CAMELOT CT
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: SMACK, LARRY
Address: 1356 CAMELOT COURT
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: GARDNER, MARVIN
Address: 1374 CAMELOT CT
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: KUTILEK, AUDREY
Address: 1334 CAMELOT CT
City-St-Zip: PALM HARBOR, FL 34684

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 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: MARJORIE J. BROWN

AGT

04/10/2009

Electronic Signature of Signing Officer or Director

Date