2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 12, 2007 8:00 am Secretary of State 04-12-2007 90030 005 ****61.25

DOCUMENT # N24087 1. Entity Name CAMELOT EAST HOMEOWNERS' ASSOCIATION, INC.								04-12-200	7 90030 (005 ****6	51.25
Principal Place 3900 CLARK STE L-1 SARASOTA, I		3900 STE L-	Address CLARK ROAD 1 OTA, FL 34233	3 US							
Principal Place of Business - No P.O. Box # 3. M			ng Address						[] []		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04012007	Chg-NP	CR2E0	37 (12/06)	
City & State		City	City & State				4. FEI Numbe 65-002			<u> </u>	oplied For ot Applicable
Žip	Country	Zip		Cou	untry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered	Agent				7. Name and	Address of New	Registered /	Agent	
DOMBER, HARLAN R. 3900 CLARK ROAD STE L-1					Name Street Address (P.O. Box Number is Not Acceptable)						
SARASOT	A, FL 34233							~=		· · · · · · · · · · · · · · · · · · ·	
					City	FL Zip Code					
				s register	ed office or	r registere	ed agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
	Signature, typed or printed name of registered agent										
	Organization types of printed risking of registered agent	and the ii applic	able. (NO	TE: Registere	d Agent signatu	ure required	when reinstating)	,	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	ало вне в аррис	9. Election Ca Trust Fund	ampaign F	inancing		\$5.00 May B Added to Fees		Make checi	k payable to	
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Intereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR