

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90029 035 ****61.25

DOCUMENT # N24087

1. Entity Name
CAMELOT EAST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**3900 CLARK ROAD
STE L-1
SARASOTA, FL 34233 US**

Mailing Address
**3900 CLARK ROAD
STE L-1
SARASOTA, FL 34233 US**



03032008 Chg-NP CR2E037 (12/06)

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

4. FEI Number
65-0021262

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

**DOMBER, HARLAN R.
3900 CLARK ROAD
STE L-1
SARASOTA, FL 34233**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
**TD
ROBERTS, PHILLIP
5360 SALISBURY LN
SARASOTA, FL 34241** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VD
RUSE, ROBERT
6312 LITCHFIELD AVE
SARASOTA, FL 34241** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VD
PAUL PROVINO
6382 RAVENCLASS WAY
SARASOTA, FL 34241** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VD
DOWNING, ADELE
5451 KINGSBRIDGE DR
SARASOTA, FL 34241** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VD
KURT WEBER
5458 KINGSBRIDGE DRIVE
SARASOTA, FL 34241** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
OLSON, LARRY
5210 WELLFLEET DR. SOUTH
SARASOTA, FL 34241** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HANK KORN
5421 SEVEN OAKS DRIVE
SARASOTA, FL 34241** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SCHULER, FLORENCE
5463 KINGSBRIDGE DR
SARASOTA, FL 34241** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERNARDINE ARNOLD
5415 HARROW TERRACE
SARASOTA, FL 34241** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YANKHITIS, BARBARA
5391 WELLFLEET DR. SOUTH
SARASOTA, FL 34241** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KATHLEEN WIZNER
5404 SCARBOROUGH LANE
SARASOTA, FL 34241** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Phillip L. Roberts

PHILLIP L. ROBERTS

Date

Daytime Phone #

3/24/08

941-24-6530