2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24087

FILED Mar 29, 2009 Secretary of State

Entity Name: CAMELOT EAST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3900 CLARK ROAD STE L-1 SARASOTA, FL 34233 **New Mailing Address: Current Mailing Address:** 3900 CLARK ROAD STE L-1 SARASOTA, FL 34233 US FEI Number: 65-0021262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOMBER, HARLAN R. DOMBER, HARLAN R 3900 CLARK ROAD 3900 CLARK ROAD STE L-1 STE L-1 SARASOTA, FL 34233 US SARASOTA, FL 34233 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: HARLAN R. DOMBER 03/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBERTS, PHILLIP Name: Name: 5360 SALISBURY LN Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: 1VD () Delete Title: () Change () Addition PREVINO, PAUL Name: Name: Address: 6382 RAVENCLASS WAY Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: () Delete Title: 2VD (X) Change () Addition WEBER, KURT Name: WEBER, KURT Name: 5458 KINGSBRIDGE DRIVE 5458 KINGSBRIDGE DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 () Delete Title: PD Title: () Change () Addition Name: KORN, HANK Name: 5421 SEVEN OAKS DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: () Delete Title: () Change () Addition SCHULER, FLORENCE Name: Name: 5463 KINGSBRIDGE DR Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: () Delete Title: (X) Change () Addition MIENER, KATHLEEN MIZNER, CATHERINE Name: Name: Address: 5404 SCARBOROUGH LANE Address: 5404 SCARBOROUGH LANE SARASOTA, FL 34241 SARASOTA, FL 34241 City-St-Zip: 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: FLORENCE A. SCHULER SD 03/29/2009