

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90201 034 \*\*\*\*61.25

<b>DOCUMENT # N29690</b> 1. Entity Name <b>CAMELOT GARDENS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O LANDEX RESORTS INT'L 1100 HOMESTEAD RD. N LEHIGH ACRES, FL 33936 US</b>			Mailing Address <b>1100 HOMESTEAD RD N LEHIGH ACRES, FL 33936 US</b>		
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		
		02052008 Chg-NP		CR2E037 (12/06)	
4. FEI Number <b>65-0143194</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEIDEL, FRED R CAM/CHA C/O LANDEX RESORTS INT'L 1100 HOMESTEAD RD. LEHIGH ACRES, FL 33936			Name <u>DARLENE WILLIAMS, CAM</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>C/O LANDEX RESORTS INT'L</u>		
			<u>1100 HOMESTEAD RD. N.</u>		
			City <u>LEHIGH ACRES FL</u>		Zip Code <u>33936</u>
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 <u>Darlene Williams, CAM</u> <span style="float: right;">2-5-08</span>					
(NOTE: Registered Agent signature required when re-registering)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILENKVICH, JOE 55 CAMELOT GARDENS BLVD #213 LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMES GREEN 1624 COVINGTON MEADOWS CIR # 203 LEHIGH ACRES, FL 33936
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARION, MELTON 59 CAMELOT GARDENS BLVD #109 LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINKEL, JUNE 59 CAMELOT GARDENS BLVD #203 LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANNING, JAMES 59 CAMELOT GARDENS BLVD #210 LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATO, DOROTHY 51 CAMELOT GARDENS BLVD., #204 LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>JIM HANNING</u> <span style="float: right;">FEB 28/08 239-217-6258</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					