

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29690

FILED  
Feb 10, 2010  
Secretary of State

**Entity Name:** CAMELOT GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LANDEX RESORTS INT'L  
1100 HOMESTEAD RD. N  
LEHIGH ACRES, FL 33936 US

**New Principal Place of Business:**

C/O LANDEX RESORTS INT'L, INC  
1100 HOMESTEAD RD. N  
LEHIGH ACRES, FL 33936 US

**Current Mailing Address:**

1100 HOMESTEAD RD N  
LEHIGH ACRES, FL 33936 US

**New Mailing Address:**

C/O LANDEX RESORTS INT'L, INC  
1100 HOMESTEAD RD. N  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 65-0143194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MINKO, DARLENE CAM  
C/O LANDEX RESORTS INT'L  
1100 HOMESTEAD RD. N  
LEHIGH ACRES, FL 33936 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: SD  
Name: GREEN, JAMES  
Address: 1624 COVINGTON MEADOWS CIR #202  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD  
Name: MARION, MELTON  
Address: 59 CAMELOT GARDENS BLVD#109  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D  
Name: POOLER, LEE  
Address: 1624 COVINGTON MEADOWS CIR #102  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: PD  
Name: HANNING, JAMES  
Address: 59 CAMELOT GARDENS BLVD #210  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VD  
Name: MILENKEVICH, JOE  
Address: 55 CAMELOT GARDENS BLVD #213  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES HANNING

PD

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date