


FILE NOW: FILING FEE IS \$61.25

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Feb 21, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36257

1. Corporation Name

CAMELOT ON THE ATLANTIC HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2352 SOUTH OCEAN BLVD
HIGHLAND BEACH FL 33487
US

Mailing Address

2352 SOUTH OCEAN BLVD
HIGHLAND BEACH FL 33487
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/18/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0109170
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	29	30

9. Name and Address of Current Registered Agent

PERLMAN, ANITA
2352 S. OCEAN BLVD
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMAN, ANITA	1.2 NAME	
STREET ADDRESS	2352 S. OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALMAN, ERNEST	2.2 NAME	
STREET ADDRESS	2352 SOUTH OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, RONALD	3.2 NAME	DR. HENRY GOLDBERG
STREET ADDRESS	2352 SOUTH OCEAN BLVD	3.3 STREET ADDRESS	2358 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	3.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anita Perlman
ANITA PERLMAN

Date

1-11-99

Daytime Phone #

CR2E037 (1/98)