

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36257

FILED  
Apr 19, 2008  
Secretary of State

**Entity Name:** CAMELOT ON THE ATLANTIC HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8000 N. FEDERAL HIGHWAY  
SUITE 220  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

2332 S OCEAN BLVD  
HIGHLAND BEACH, FL 33487 US

**Current Mailing Address:**

8000 N. FEDERAL HIGHWAY  
SUITE 220  
BOCA RATON, FL 33487 US

**New Mailing Address:**

2332 S OCEAN BLVD  
HIGHLAND BEACH, FL 33487 US

FEI Number: 65-0109170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVINE, JEFFERY A  
6751 N FEDERAL HWY 301  
BOCA RATON, FL 33487 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: PD ( ) Delete  
Name: NORMAN, JEFFREY  
Address: 8000 N. FEDERAL HIGHWAY, SUITE 220  
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete  
Name: SCHMITT, LINDA L  
Address: 8000 N. FEDERAL HIGHWAY, SUITE 220  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: REITMAN, FREDERIC M.D.  
Address: 2332 S OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: F. REITMAN, M.D.

PRES

04/19/2008

Electronic Signature of Signing Officer or Director

Date