

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003028

FILED
Apr 15, 2009
Secretary of State

Entity Name: CAMELOT AT MARINERS' VILLAGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3359231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 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: VPD () Delete
Name: BERENS, STEVE
Address: 2748 FRIGATE DR
City-St-Zip: ORLANDO, FL 32812

Title: TD () Delete
Name: HENRIQUEZ, CHRIS
Address: 2761 FRIGATE DR
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: KUBO, NANCY
Address: 2554 PORTERVIEW WAY
City-St-Zip: ORLANDO, FL 32812

Title: VPD () Delete
Name: CARROLL, JOHN
Address: 2532 SKIF DR
City-St-Zip: ORLANDO, FL 32812

Title: PD () Delete
Name: HOPKINS, LINDA
Address: 2736 FRIGATE DR
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: PHILLIPS, BRUCE
Address: 2581 SKIF DR
City-St-Zip: ORLANDO, FL 32812

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: LINDA HOPKINS

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date