

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

0009936

04-10-2001 90058 020 \*\*\*\*61.25

**DOCUMENT # N98000003591**

1. Entity Name

**HOME OWNERS ASSO. AT CAMELOT INC.**

Principal Place of Business

Mailing Address

436 S NOVA ROAD  
 CAMELOT MOBILE HOME PARK LOT #25  
 ORMOND BEACH FL 32174

436 S. NOVA RD.  
 CAMELOT MOBILE HOME PARK #20  
 ORMOND BEACH FL 32174

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**LOT # 24**

Suite, Apt. #, etc.

**LOT # 24**

City & State

**SAME**

City & State

**SAME**

Zip

**SAME**

Country

**SAME**

Zip

**SAME**

Country

**SAME**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FARBER, BEATRICE S**  
**436 S NOVA ROAD**  
**CAMELOT MOBILE HOME PARK LOT #20**  
**ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name **FEDELL, JOYCE E. PRESIDENT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**436 S. NOVA Rd. - LOT # 24**  
**ORMOND BEACH**  
 City **FL** Zip Code **32174**

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.

SIGNATURE

*Joyce E. Fedell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>HUCKINS, CORA</b> <b>436 S NOUN RD., #48</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>GRATH, PATRICIA</b> <b>436 S NOUN RD., #51</b> <b>ORMOND BCH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TT</b> <b>FARBER, BEATRICE</b> <b>436 S NOUN RD., LOT 25</b> <b>ORMOND BCH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILLER, LOIS A</b> <b>436 S NOUN RD., LOT 81</b> <b>ORMOND BCH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BERGERN, JOAN</b> <b>436 S NOUN RD., LOT 26</b> <b>ORMOND BCH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GNAU, CLARENCE V.P.</b> <b>436 S. NOVA Rd. LOT # 30</b> <b>ORMOND BEACH, FL. 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>High, MARY</b> <b>SEC.</b> <b>436 S. NOVA Rd # 23</b> <b>ORMOND BEACH, FL. 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FELTON, BETTY JEAN</b> <b>TREAS</b> <b>436 S. NOVA Rd. # 22</b> <b>ORMOND BEACH, FL. 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: *Joyce E. Fedell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 (904) 671-0298  
 Date Daytime Phone #

CR2E037 (10/00)