

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90112 027 ****61.25

DOCUMENT # N98000003591

1. Entity Name

HOME OWNERS ASSO. AT CAMELOT INC.

Principal Place of Business

Mailing Address

**436 S NOVA ROAD
 LOT #24
 ORMOND BEACH FL 32174**

**436 S. NOVA RD.
 LOT # 24
 ORMOND BEACH FL 32174**

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEDELL, JOYCE E.
 436 S NOVA ROAD
 LOT # 24
 ORMOND BEACH FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, Pres.

4/10/02

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	PT	<input checked="" type="checkbox"/> Delete
NAME	HUCKINS, CORA	
STREET ADDRESS	436 S NOUN RD., #48	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GNAU, CLARENCE	
STREET ADDRESS	436 S NOVA RD LOT # 30	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	FARBER, BEATRICE	
STREET ADDRESS	436 S NOUN RD., LOT 25	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FELTON, BETTY JEAN	
STREET ADDRESS	436 S NOVA RD # 22	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	S	<input type="checkbox"/> Delete
NAME	HIGH, MARY	
STREET ADDRESS	436 S NOVA RD # 23	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fedell, Joyce E.	
STREET ADDRESS	436 S. NOVA Rd - LOT #24	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	V. P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY LOU Robidoux	
STREET ADDRESS	436 S. NOVA Rd - LOT #26	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	

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, Pres.* **4/10/02** **386-671-0298**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)