


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

03-26-2004 90037 021 ****61.25

DOCUMENT # N98000003591

1. Entity Name
HOME OWNERS ASSO. AT CAMELOT INC.



Principal Place of Business
436 S NOVA ROAD
~~LOT 23~~
ORMOND BEACH FL 32174
LOT # 24

Mailing Address
436 S. NOVA RD.
~~LOT 23~~
ORMOND BEACH FL 32174
LOT # 24

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
~~**HIGH, MARY**
436 S NOVA RD
LOT 23
ORMOND BEACH FL 32174~~

7. Name and Address of New Registered Agent
 Name *Elizabeth Betz - President*
 Street Address (P.O. Box Number is Not Acceptable)
436 S NOVA RD - LOT 24
 City *Or. Beach* 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *ELIZABETH BETZ Elizabeth Betz* DATE *4-15-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HIGH, MARY 436 S NOVA RD LOT 23 ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONKLIN, VIRGINIA 436 S NOVA RD LOT 64 ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S B, ELIZABETH 436 S NOVA RD LOT 5 ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCGRATH, PATRICIA 436 S NOVA RD LOT 51 ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRDALL, JOYCE E 436 S NOVA RD LOT 24 ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i> BETTY BETZ 436 S. NOVA RD LOT 24 Or. Beach FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i> George Harman 436 S. NOVA RD LOT 6	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President SECRETARY Conklin, Virginia 436 S. NOVA RD LOT 64 ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Joyce Fedall 436 S. NOVA RD LOT 24 ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" 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: *Patricia McGrath* DATE *3/24/04* DAYTIME PHONE # *286-692-4453*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR