


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

06-20-2005 90004 008 \*\*\*\*61.25

DOCUMENT # N 98000003591  
1. Entity Name  
Home Owners Assoc. AT Camelot, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
436 S. NOVA Rd.  
Suite, Apt. #, etc.  
LOT # 24

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

DO NOT WRITE IN THIS SPACE

City & State  
Ormond Beach, FL.

City & State

Zip  
32174

Country  
U.S.A.

4. FEI Number  
Not Applicable

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Ultera, P.A. Fedell, Joyce

Street Address (P.O. Box Number is Not Acceptable)  
436 S. NOVA Rd - Lot #24

1840 Coral Way, 4th Floor 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Elizabeth Betz, President - Joyce Fedell, Secy 6/13/05

Signature by or printed name of registered agent, if applicable (NOTE: Registered agent signature required when reinstating) DATE

**FEES IS \$61.25**  
**Initial or Amended UBR**

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	<u>PRESIDENT</u> <u>ELIZABETH BETZ</u> <u>436 S. NOVA Rd. - #6</u> <u>ORMOND BEACH, FL. 32174</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>VIRGINIA CONKLIN</u> <u>436 S. NOVA Rd</u> <u>ORMOND BEACH, FL. 32174</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>Joyce E. Fedell</u> <u>436 S. NOVA Rd - Lot #24</u> <u>ORMOND BEACH, FL. 32174</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce E. Fedell - Joyce E. Fedell Secy 6/13/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Director's Phone #

CR2E037B (12/02)