


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

06-14-2007 90002 028 \*\*\*\*61.25

<b>DOCUMENT # N98000003591</b>			
1. Entity Name HOME OWNERS ASSO. AT CAMELOT INC.			
Principal Place of Business 436 S NOVA ROAD LOT #24 ORMOND BEACH, FL 32174		Mailing Address 436 S. NOVA RD. LOT # 24 ORMOND BEACH, FL 32174	
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FEDELL, JOYCE 436 S. NOVA RD LOT # 24 ORMOND BEACH, FL 32174		Name <u>ANNE S. BENNETT</u> Street Address (P.O. Box Number is Not Acceptable) <u>436 So. NOVA RD. LOT # 4</u> City <u>ORMOND BEACH FL</u> Zip Code <u>32174</u>	
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 <u>Anne S Bennett</u> <u>ANNE S. BENNETT</u> <u>6/07/07</u>		DATE	
Filing Fee is \$81.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETZ, ELIZABETH 436 S. NOVA RD LOT #5 ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN NUTTING 436 S. NOVA RD. # 61 ORMOND BEACH, FL. 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUTTING, JOHN 436 S. NOVA RD, LOT #61 ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRESIDENT GINNY CONKLIN 436 S. NOVA RD. # 65 ORMOND BEACH, FL. 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHROADER, GENE 436 S NOVA RD, LOT #86 ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ELIZABETH BETZ 436 S. NOVA RD. #5 ORMOND BEACH, FL. 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETZ, ELIZABETH 436 S NOVA RD, LOT #5 ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ANNES. BENNETT 436 S. NOVA RD. # 4 ORMOND BEACH, FL. 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained 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 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: <u>Anne S Bennett</u> <u>ANNE S BENNETT</u> <u>6/07/07</u>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

386-676-9240