


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90028 039 ****61.25

DOCUMENT # N98000003591
 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 #
 436 S. NOVA RD.
 Suite, Apt. #, etc.
 LOT # 4

3. Mailing Address
 436 S. NOVA RD.
 Suite, Apt. #, etc.
 LOT # 4

City & State
 ORMOND BCH, FLORIDA

City & State
 ORMOND BCH.

Zip
 32174

Country
 VOLUSIA

Zip
 32174

Country
 VOLUSIA



04052008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

BENNET, ANNE S
 436 S. NOVA RD
 LOT # 4
 ORMOND BEACH, FL 32174

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anne S Bennett* ANNE S. BENNETT 4-07-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee ~~is~~ \$61.25
 Due by September 12, 2008

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	S	<input type="checkbox"/> Delete
NAME	BETZ, ELIZABETH	
STREET ADDRESS	436 S. NOVA RD LOT #5	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	P	<input type="checkbox"/> Delete
NAME	NUTTING, JOHN	
STREET ADDRESS	438 S. NOVA RD, LOT #61	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONKLIN, GINNY	
STREET ADDRESS	438 S NOVA RD 65	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENNETT, ANNE S	
STREET ADDRESS	436 S NOVA RD 4	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Anne S Bennett* ANNE S. BENNETT 4/07/08
Signature and typed or printed name of signing officer or director Date Daytime Phone #

386-676-9240