

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003374

**Entity Name:** CAMELOT COMMUNITY CARE, INC.**Current Principal Place of Business:**4910-D CREEKSIDE DR  
CLEARWATER, FL 33760**Current Mailing Address:**4910-D CREEKSIDE DR  
CLEARWATER, FL 33760 US**FEI Number:** 31-1659302**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DIBRIZZI, MICHAEL  
Address        4910-D CREEKSIDE DRIVE  
City-State-Zip: CLEARWATER FL 33760

Title            VC, DIRECTOR  
Name            CURTIS, TAMMY  
Address        4910-D CREEKSIDE DR  
City-State-Zip: CLEARWATER FL 33760

Title            DIRECTOR  
Name            HARE, ANNEMARIE  
Address        4910-D CREEKSIDE DR  
City-State-Zip: CLEARWATER FL 33760

Title            DIRECTOR  
Name            MIRENDA, RONALD  
Address        4910-D CREEKSIDE DR  
City-State-Zip: CLEARWATER FL 33760

Title            CHAIRMAN, DIRECTOR  
Name            SCHULTZ, RONALD JR.  
Address        4910-D CREEKSIDE DRIVE  
City-State-Zip: CLEARWATER FL 33760

Title            SECRETARY  
Name            MANNION, JENNIFER  
Address        4910-D CREEKSIDE DR  
City-State-Zip: CLEARWATER FL 33760

Title            DIRECTOR  
Name            NOLAND, JAIME  
Address        4910-D CREEKSIDE DR  
City-State-Zip: CLEARWATER FL 33760

Title            TREASURER  
Name            PEREZ, KIMBERLY  
Address        4910-D CREEKSIDE DRIVE  
City-State-Zip: CLEARWATER FL 33760

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL DIBRIZZI****PRESIDENT/CEO****01/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	TSOURAKIS, JOHN
Address	4910-D CREEKSIDE DRIVE
City-State-Zip:	CLEARWATER FL 33760