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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:16

DOCUMENT # 721876 (1)

1. Corporation Name

TRUSTEE CORPORATION OF CAMPER'S HOLIDAY ASSOCIAT ION, INC.

Principal Place of Business	Mailing Address
2092 CULBREATH ROAD BROOKSVILLE FL 34602	2092 CULBREATH ROAD BROOKSVILLE FL 34602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1971
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1302547 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) *Tax Exempt Status* ☐ **$68.75** Supplemental *Fee Not Required*
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERSCH, LARRY S
12249 US HIGHWAY 301
DADE CITY FL 33525

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number Is Not Acceptable)
93
94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	DIGET, JANE	1.2 NAME	
STREET ADDRESS	2092 CULBREATH RD LT B37	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	#2 VD ☐ Change ☐ Addition
NAME	MARX, DOUGLAS	2.2 NAME	
STREET ADDRESS	2092 CULBREATH RD B-17	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	GIRARD, DUANE	3.2 NAME	
STREET ADDRESS	2092 CULBREATH RD A48	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEDLER, GWENDOLYN	4.2 NAME	
STREET ADDRESS	2092 CULBREATH RD. B38	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	D ☐ Change ☐ Addition
NAME	ZACHER, ADELAIDE	5.2 NAME	
STREET ADDRESS	2092 CULBREATH RD C-5	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	#1 VD ☐ Change ☐ Addition
NAME	SHANKWEILER	6.2 NAME	Ed Hutchinson
STREET ADDRESS	2092 CULBREATH RD C-78	6.3 STREET ADDRESS	2092 Culbreath Rd., D-7
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP	Brooksville FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x Jane Diget Jane Diget, Treas. x 3/2/95 x 904-796-5625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0069743