

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **721876** (1)

1. Corporation Name

TRUSTEE CORPORATION OF CAMPER'S HOLIDAY ASSOCIATION, INC.



Principal Place of Business

**2092 CULBREATH ROAD
BROOKSVILLE FL 34602**

Mailing Address

**2092 CULBREATH ROAD
BROOKSVILLE FL 34602**

3. Date Incorporated or Qualified
10/15/1971

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1302547

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **T DIGET, JANE**
STREET ADDRESS **2092 CULBREATH RD LT B37**
CITY-ST-ZIP **BROOKSVILLE FL**

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

SVP ☒ DELETE

NAME **MARX, DOUGLAS**
STREET ADDRESS **2092 CULBREATH RD B-17**
CITY-ST-ZIP **BROOKSVILLE FL**

21 TITLE **SVP** ☐ Change ☒ Addition

22 NAME **ARTHUR KNIGHT**
23 STREET ADDRESS **2092 CULBREATH RD. D-43**
24 CITY-ST-ZIP **Brooksville, Florida 34602**

PD ☐ DELETE

NAME **GIRARD, DUANE**
STREET ADDRESS **2092 CULBREATH RD A48**
CITY-ST-ZIP **BROOKSVILLE FL**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

S ☐ DELETE

NAME **SCHNEIDER, GWENDOLYN**
STREET ADDRESS **2092 CULBREATH RD. B38**
CITY-ST-ZIP **BROOKSVILLE FL**

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

D ☐ DELETE

NAME **ZACHER, ADELAIDE**
STREET ADDRESS **2092 CULBREATH RD C-5**
CITY-ST-ZIP **BROOKSVILLE FL**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

FVP ☒ DELETE

NAME **HUTCHINSON, ED**
STREET ADDRESS **2092 CULBREATH RD., D-7**
CITY-ST-ZIP **BROOKSVILLE FL**

61 TITLE ☐ Change ☒ Addition

62 NAME **WILLIAM BELL**
63 STREET ADDRESS **2092 CULBREATH RD. C-13**
64 CITY-ST-ZIP **Brooksville, Florida 34602**

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)(k), 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: Jane Diget Jane Diget, Treasurer April 19, 1996 352-796-5075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)