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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

2092 CULBREATH ROAD
BROOKSVILLE FL 34802

2092 CULBREATH ROAD
BROOKSVILLE FL 34802-6121

3. Date Incorporated or Qualified
10/15/1971

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

34802 6147

30

4. FEI Number
59-1302547

Applied For
Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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-801
DADE CITY FL 83525

81 Name Robert Tankel
82 Street Address (P.O. Box Number is Not Acceptable) 2651 McCormick Drive
83
84 City Clearwater FL 85 Zip Code 34617

11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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]

Robert L Tankel (Att'y) 2/19/97

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	T	<input type="checkbox"/> DELETE
NAME	DIGET, JANE	
STREET ADDRESS	2092 CULBREATH RD LT B37	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	ARTHUR KNIGHT	
STREET ADDRESS	2092 CULBREATH RD. D-43	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIRARD, DUANE	
STREET ADDRESS	2092 CULBREATH RD A48	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEDLER, GWENDOLYN	
STREET ADDRESS	2092 CULBREATH RD. B38	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZACHER, ADELAIDE	
STREET ADDRESS	2092 CULBREATH RD C-5	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	FVP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM BE;	
STREET ADDRESS	2092 CULBREATH RD C-13	
CITY-ST-ZIP	BROOKSVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34602-6147
2.1 TITLE	SVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Louis Boucher
2.3 STREET ADDRESS	2092 Culbreath Rd A-29
2.4 CITY-ST-ZIP	Brooksville, FL 34602-6147
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	34602-6147
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	34602-6147
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dorothy Cleaves
5.3 STREET ADDRESS	2092 Culbreath Rd. C-21
5.4 CITY-ST-ZIP	Brooksville, FL 34602-6147
6.1 TITLE	FVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Robert Budd
6.3 STREET ADDRESS	2092 Culbreath Rd C-53
6.4 CITY-ST-ZIP	Brooksville, FL 34602-6147

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* DUANE H GIRARD

2-19-97 752-799-8236

CR2E037 (9/96)