SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # 721876 (1)

1. Corporation Name

TRUSTEE CORPORATION OF CAMPER'S HOLIDAY ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2092 CULBREATH ROAD<br>BROOKSVILLE FL 34602 | 2092 CULBREATH ROAD<br>BROOKSVILLE FL 34602 |

3. Date Incorporated or Qualified: 10/15/1971

4. FEI Number: 59-1302547 ☐ Applied For ☒ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| TANKEL, ROBERT<br>2651 MCCORMICK DRIVE<br>CLEARWATER FL 34617 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ 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 | ☐ DELETE | 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 | SVPD | ☒ DELETE | 2.1 TITLE | SVP ☒ Change ☐ Addition |
| NAME | BOUCHER, LOUIS | | 2.2 NAME | CARR, ALLAN |
| STREET ADDRESS | 2092 CALBREATH ROAD STE A-29 | | 2.3 STREET ADDRESS | 2092 CULBREATH RD. |
| CITY-ST-ZIP | BROOKSVILLE FL 47 | | 2.4 CITY-ST-ZIP | BROOKSVILLE FLA |
| TITLE | PD | ☒ DELETE | 3.1 TITLE | PD ☒ Change ☐ Addition |
| NAME | GIRARD, DUANE | | 3.2 NAME | EDWARD A. DAY JR |
| STREET ADDRESS | 2092 CULBREATH RD A48 | | 3.3 STREET ADDRESS | 2092 CULBREATH Rd. A-16 |
| CITY-ST-ZIP | BROOKSVILLE FL 47 | | 3.4 CITY-ST-ZIP | BROOKSVILLE Fla. |
| TITLE | S | ☐ DELETE | 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 47 | | 4.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D ☒ Change ☐ Addition |
| NAME | CLEAVES, DOROTHY | | 5.2 NAME | LARSON, B ROBERT |
| STREET ADDRESS | 1092 CULBREATH ROAD STE C-21 | | 5.3 STREET ADDRESS | 2092 CULBREATH RD |
| CITY-ST-ZIP | BROOKSVILLE FL 47 | | 5.4 CITY-ST-ZIP | BROOKSVILLE, FLA |
| TITLE | FVPD | ☐ DELETE | 6.1 TITLE | FVP ☒ Change ☐ Addition |
| NAME | BUDD, ROBERT | | 6.2 NAME | CRAVES, ELEANOR |
| STREET ADDRESS | 2092 CULBREATH ROAD STE C-53 | | 6.3 STREET ADDRESS | 2092 CULBREATH RD |
| CITY-ST-ZIP | BROOKSVILLE FL 47 | | 6.4 CITY-ST-ZIP | BROOKSVILLE FLA |

CR2E037 (5/98)

14. I 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:** Edward A. Day Jr. 7/7/98 352 799-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #