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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721876

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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

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

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

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

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

9. Name and Address of Current Registered Agent

TANKEL, ROBERT
2651 MCCORMICK DRIVE
CLEARWATER FL 34617
Address Change only

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1299 Main St. Suite F

83

84 City: Dunedin FL 85 Zip Code: 34698

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	34602-6147	
TITLE	SVPD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ALLEN, CARR		2.2 NAME		
STREET ADDRESS	2092 CULBREATH RD C16		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 47		2.4 CITY-ST-ZIP	34602-6147	
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DAY, EDWARD A J		3.2 NAME		
STREET ADDRESS	2092 CULBREATH RD, #A-16		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 47		3.4 CITY-ST-ZIP	34602-6147	
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	34602-6147	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	LARSON, ROBERT		5.2 NAME	George Hammond	
STREET ADDRESS	2092 CULBREATH RD D4		5.3 STREET ADDRESS	2092 Culbreath Rd A-13	
CITY-ST-ZIP	BROOKSVILLE FL 47		5.4 CITY-ST-ZIP	Brooksville FL 34602-6147	
TITLE	FVPD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	GRAVES, ELEANOR		6.2 NAME		
STREET ADDRESS	2092 CULBREATH RD D32		6.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 47		6.4 CITY-ST-ZIP	34602-6147	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: X Signature Required x 2/23/99 x (352) 796-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #