2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90083 013 ****61.25

DOCUMENT # 721876

1. Entity Name
TRUSTEE CORPORATION OF CAMPER'S HOLIDAY ASSOCIATION, INC.

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

400033

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country HERNANDO	Zip / Country HERNANDO

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TANKEL, ROBERT 1299 MAIN ST STE F DUNEDIN, FL 34698	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ELIZABETH A. MURGITA Elizabeth A Murgita 1/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURGITA, ELIZABETH A 2092 CULBREATH ROAD A54 BROOKSVILLE, FL 346026121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2092 Culbreath Rd A54
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FCD COLLINS, MILTON 2092 CULBREATH RD BROOKSVILLE, FL 346026121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☒ Addition 2092 Culbreath Rd. D-44 Brooksville, FL 34602-6121
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARTMAN, ROBERT 2092 CULBREATH D-20 BROOKSVILLE, FL 346026121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition WORTMAN, ROBERT 2092 Culbreath Rd D-20 Brooksville, FL 34602 6121
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WRIGHT, CHERYL 2092 CULBREATH RD A-4 BROOKSVILLE, FL 346026121	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition LINNIA CLAYTON 2092 Culbreath C1 Brooksville, FL 34602 6121
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVD SMIALEK, JOSEPH 2092 CULBREATH RD B10 BROOKSVILLE, FL 346026121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth A Murgita 1/11/06 352-796-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #