

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721876

FILED
Feb 24, 2012
Secretary of State

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

Current Principal Place of Business:

C/O QUALIFIED PROPERTY MANAGEMENT INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

C/O QUALIFIED PROPERTY MANAGEMENT INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652

New Mailing Address:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1302547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HWY 19,
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HWY 19,
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: MARY A. WHITE

02/24/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STATES, NORM
Address: 5901 US HIGHWAY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP-1
Name: LIVECCHI, TOM
Address: 5901 US HIGHWAY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP-2
Name: MEYLAN, HANK
Address: 5901 US HIGHWAY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC
Name: FLANAGAN, SUSAN
Address: 5901 US HIGHWAY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA
Name: SHAW, RENIE
Address: 5901 US HIGHWAY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D
Name: EWERT, HOWARD
Address: 5901 US HIGHWAY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORM STATES

PRES

02/24/2012

Electronic Signature of Signing Officer or Director

Date