FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:46

DOCUMENT # 748130 (2)

1. Corporation Name

CAMPTOWN LESSEES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5152 E35 BOGGY CREEK RD ST CLOUD FL 34771	5152 E35 BOGGY CREEK RD ST CLOUD FL 34771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1979**
3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-2400930** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☒	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	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
CHAMBERS, MRS DOROTHY 5152 C 1 BOGGY CREEK RD. ST CLOUD FL 34771	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	DST	1.1 TITLE	DT ☒ Change ☐ Addition
NAME	ANDERSON, KENNETH	1.2 NAME	Anderson, Kenneth
STREET ADDRESS	5152 G-1 BOGGY CREEK RD.	1.3 STREET ADDRESS	5152 G-1 Boggy Creek Rd.
CITY-ST-ZIP	ST CLOUD, FL 00000	1.4 CITY-ST-ZIP	St. Cloud, Fl. 34771
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LOKKEN, RICHARD	2.2 NAME	
STREET ADDRESS	5152 P-25 BOGGY CREEK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KAZUK, MARGARET L	3.2 NAME	
STREET ADDRESS	5152 BOGGY CRK RD E35	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	DS ☒ Change ☐ Addition
NAME	PINE, JEAN	4.2 NAME	Pine, Jean
STREET ADDRESS	5152 E-26 BOGGY CREEK RD	4.3 STREET ADDRESS	5152 E-26 Boggy Creek Rd.
CITY-ST-ZIP	ST CLOUD, FL 00000	4.4 CITY-ST-ZIP	St. Cloud, Fl. 34771
TITLE	PD	5.1 TITLE	PD ☒ Change ☐ Addition
NAME	HEMMINGSON, THEDA	5.2 NAME	Waterhouse, Charles
STREET ADDRESS	5152 D11 BOGGY CREEK RD	5.3 STREET ADDRESS	5152 F-8 Boggy Creek Rd.
CITY-ST-ZIP	ST CLOUD, FL 00000	5.4 CITY-ST-ZIP	St. Cloud, Fl. 34771
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	PROUTY, EVERETT	6.2 NAME	
STREET ADDRESS	5152 F14 BOGGY CREEK RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Margaret L. Kazuk Margaret L. Kazuk 4-5-95 407-892-9398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000407

74830

V/D
Nonnenmacher, Virginia
5152 A27 Boggy Creek Rd.
St. Cloud, Fl. 34771

D
Stegen, Norman
5152 G3 Boggy Creek Rd.
St. Cloud, Fl. 34771

D
Woitalla, Lewis
5152 A42 Boggy Creek Rd.
St. Cloud, Fl. 34771