ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90031 021 ****61.25

DOCUMENT # 748130

1. Entity 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

04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2400930
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMBERS, MRS DOROTHY
5152 C 1 BOGGY CREEK RD.
ST CLOUD, FL 34771

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	COSMAN, DORIS
STREET ADDRESS	5152 G-5 BOGGY CREEK RD
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	D ONA BARFIELD
NAME	~~NONNEMAKER, VIRGINIA~~ (DECEASED)
STREET ADDRESS	5152 A39 BOGGY CREEK RD.
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	DP
NAME	~~KAZUK, MARGARET L~~ RESIGNED
STREET ADDRESS	5152 BOGGY CRK RD ~~355~~ A42
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	DVP
NAME	STEGEN, NORMAN
STREET ADDRESS	5152 G-3 BOGGY CREEK RD
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	D
NAME	WATERHOUSE, CHARLES
STREET ADDRESS	5152 F-8 BOGGY CREEK RD.
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	DT
NAME	RUMSEY, AUGOSTA
STREET ADDRESS	5152 F10 BOGGY CREEK RD
CITY-ST-ZIP	ST. CLOUD, FL 34771

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12. 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 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: Augusta Rumsey