

Amended

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-06-2004 90162 038 ****61.25

748130

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 6 PM 2:00

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DOCUMENT # 748130			
1. Entity Name CAMPTOWN ASSOCIATION OF 99 YEAR LEASEHOLDERS, INC.			
Principal Place of Business 5152 E35 BOGGY CREEK RD ST CLOUD FL 34771		Mailing Address 5152 E35 BOGGY CREEK RD ST CLOUD FL 34771	
2. Principal Place of Business Suite, Apt. #, etc. E-16		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		7. Name and Address of New Registered Agent Name Thomas L. Hamilton Street Address (P.O. Box Number is Not Acceptable) 5152 Boggly Creek Rd E16 City St. Cloud FL Zip Code 34771	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	DS COSMAN, DORIS 5152 G-5 BOGGY CREEK RD ST. CLOUD FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Ona Barfield 5152 A39 Boggly Creek Rd St. Cloud FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NONNEMACHER, VIRGINIA 5152 A-27 BOGGY CREEK RD. SAINT CLOUD FL 34771 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Thomas Klingelhut2 5152 A20 Boggly Creek Rd St. Cloud FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAZUK, MARGARET L 5152 BOGGY CRK RD E35 ST. CLOUD FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Thomas L. Hamilton 5152 E16 Boggly Creek Rd St. Cloud FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEGEN, NORMAN 5152 G-3 BOGGY CREEK RD ST. CLOUD FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Reardon 5152 G15 Boggly Creek Rd St. Cloud FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERHOUSE, CHARLES 5152 F-8 BOGGY CREEK RD. ST. CLOUD FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charlene Sargent 5152 G4 Boggly Creek Rd St. Cloud FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUMSEY, AUGUSTA 5152 F10 BOGGY CREEK RD ST. CLOUD FL 34771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorothy McKeown 5152 G8 Boggly Creek Rd St. Cloud FL ☐ Change ☒ Addition
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: <u>Thomas L. Hamilton</u> Thomas L. Hamilton 4-21-04 407-892-0916 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #			

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