2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90042 002 ****61.25

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1. Entity Name
CAMPTOWN ASSOCIATION OF 99 YEAR LEASEHOLDERS, 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

01312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5152 Boggy Creek Rd	5152 Boggy Creek Rd
Suite, Apt. #, etc.: E16	Suite, Apt. #, etc.: E16
City & State: St. Cloud	City & State: St. Cloud
Zip: 34771 Country: Osceola	Zip: 34771 Country: Osceola

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

HAMILTON, THOMAS L
5152 BOGGY CREEK RD.
E-16
ST CLOUD, FL 34771

7. Name and Address of New Registered Agent

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: Thomas L Hamilton DATE: 2-1-05
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, 2005

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 BARFIELD, ONA 5152 A39 BOGGY CREEK RD ST. CLOUD, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Rumsey Augusta 5040 Disston Dr St. Cloud, Fl. 34771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KLINGELHULTZ, THOMAS 5152 A20 BOGGY CREEK RD ST. CLOUD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAMILTON, THOMAS L 5152 E16 BOGGY CREEK RD. ST. CLOUD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REARDON, RON 5152 G-4 BOGGY CREEK RD ST. CLOUD, FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SARGENT, CHARTENE 5152 G-4 BOGGY CREEK RD ST CLOUD, FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKEON, DOROTHY 5152 G-8 BOGGY CREEK RD ST CLOUD, FL 34771	☐ 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 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 Feb 1 05 407-892-1057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #