2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# 748130

Entity Name: CAMPTOWN ASSOCIATION OF 99 YEAR LEASEHOLDERS, INC.

Current Principal Place of Business:

5152 BOGGY CREEK RD
E 16
ST CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5152 BOGGY CREEK RD
E 16
ST CLOUD, FL 34771

New Mailing Address:

FEI Number: 59-2400930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DT	( ) Delete
Name:	RUMSEY, AUGUSTA	
Address:	5040 DISSTON DR	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	DVP	( ) Delete
Name:	KLINGELHULTZ, KAY	
Address:	5152 A20 BOGGY CREEK RD	
City-St-Zip:	ST. CLOUD, FL	
Title:	DP	( ) Delete
Name:	HAMILTON, THOMAS L	
Address:	5152 E16 BOGGY CREEK RD.	
City-St-Zip:	ST. CLOUD, FL	
Title:	D	( ) Delete
Name:	BARFIELD, ONA	
Address:	5152 A-39BOGGY CREEK RD	
City-St-Zip:	ST. CLOUD, FL 34771	
Title:	D	( ) Delete
Name:	SARGENT, VERA	
Address:	5152 G-4 BOGGY CREEK RD	
City-St-Zip:	ST CLOUD, FL 34771	
Title:	D	( ) Delete
Name:	DE MARS, RUTH	
Address:	5152 A-40 BOGGY CREEK RD	
City-St-Zip:	ST CLOUD, FL 34771	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	KLINGELHULTZ, KAY	
Address:	5152 A20 BOGGY CREEK RD	
City-St-Zip:	ST. CLOUD, FL	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FOX, JERRY	
Address:	5152 G-4 BOGGY CREEK RD	
City-St-Zip:	ST CLOUD, FL 34771	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS L HAMILTON PRES 01/29/2007

Electronic Signature of Signing Officer or Director — Date