

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07228

FILED  
Feb 10, 2010  
Secretary of State

Entity Name: HOLIDAY TRAVEL PARK CO-OP, INC.

**Current Principal Place of Business:**

2261 OLD DIXIE HWY  
BUNNELL, FL 32110 US

**New Principal Place of Business:**

**Current Mailing Address:**

2261 OLD DIXIE HWY  
OFFICE  
BUNNELL, FL 32110 US

**New Mailing Address:**

2261 OLD DIXIE HWY  
BUNNELL, FL 32110 US

FEI Number: 59-2094700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOTT, CHERYL A  
2261 S OLD DIXIE HWY  
BUNNELL, FL 32110 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLAIR, KEITH R  
Address: 2261 S. OLD DIXIE HWY, LOT 69  
City-St-Zip: BUNNELL, FL 32110

Title: VP  
Name: WILCOX, GEORGE  
Address: 2261 S OLD DIXIE HWY LOT 117  
City-St-Zip: BUNNELL, FL 32110

Title: S  
Name: TOM, KOZAK  
Address: 2261 S. OLD DIXIE HWY, LOT 65  
City-St-Zip: BUNNELL, FL 32110

Title: T  
Name: ED, PETAK  
Address: 2261 S. OLD DIXIE HWY, LOT 39  
City-St-Zip: BUNNELL, FL 32110

Title: D  
Name: SCHEEPERS, HANK  
Address: 2261 S. OLD DIXIE HWY, LOT 85  
City-St-Zip: BUNNELL, FL 32110

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEITH BLAIR

P

02/10/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date