FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90095 021 ****61.25

DOCUMENT # **N97000000695**

1. Corporation Name
CENTRAL FLORIDA COLEMAN CAMPERS CLUB, INC.

* 3 7 5 3 9 6 *
375396 - 90095 - 21

Principal Place of Business	Mailing Address
P.O. BOX 644 SANFORD FL 32772-0644	P.O. BOX 644 SANFORD FL 32772-0644

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/05/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3428347 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUBLER, BARBARA 910 W 20TH STREET SANFORD FL 32771	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MONTROSS, JUDITH		1.2 NAME		
STREET ADDRESS	706 THISTLE PL.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITRIGHT, MARQUERITE		2.2 NAME		
STREET ADDRESS	1298 HOLLYWOOD DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 34786		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POLLACK, JACQUELINE		3.2 NAME		
STREET ADDRESS	3458 SEAGRAPE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	2ND VICE PRESIDENT	☐ Change ☒ Addition
NAME			4.2 NAME	MICHAEL B. MURPHY	
STREET ADDRESS			4.3 STREET ADDRESS	5253 ANDREA BOULEVARD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ORLANDO, FL 32708	
TITLE		☐ DELETE	5.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			5.2 NAME	VICTORIA SUDIK	
STREET ADDRESS			5.3 STREET ADDRESS	1818 DOWN LAKE DRIVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Montross SIGNATURE REQUIRED Judith Montross 4/14/99 407-699-3039
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #