

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45719

**Entity Name:** AMERICAN ASSOCIATION FOR NUDE RECREATION - FLORIDA  
REGION, INC.**FILED**  
**Jan 12, 2014**  
**Secretary of State**  
**CC8563322627****Current Principal Place of Business:**25 CYPRESS LOOP  
LAKE ALFRED, FL 33850**Current Mailing Address:**P.O. BOX 1284  
LAKE ALFRED, FL 33850 US**FEI Number: 65-0305151****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ERLENMEYER, JULIE  
25 CYPRESS LOOP  
LAKE ALFRED, FL 33850 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	COLLINSON, RALPH
Address	32 COLONY ST.
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	SECRETARY/TREASURER
Name	ERLENMEYER, JULIE
Address	25 CYPRESS LOOP
City-State-Zip:	LAKE ALFRED FL 33850

Title	DIRECTOR
Name	HEINTZ, LU ANN
Address	P.O. BOX 371
City-State-Zip:	JAY FL 32565

Title	DIRECTOR
Name	YOUNG, MARGARET
Address	1845 ALMERIA WAY S
City-State-Zip:	ST. PETERSBURG FL 33712

Title	VP
Name	SLOAN, DON
Address	2107 TOBAGO CIRCLE
City-State-Zip:	FT. MYERS FL 33905

Title	DIRECTOR
Name	VICKERS, STEVE
Address	4408 CYPRESS MILL RD.
City-State-Zip:	KISSIMMEE FL 34746

Title	DIRECTOR
Name	WEGNER, LEXIS
Address	P.O. BOX 473
City-State-Zip:	WHITE SPRINGS FL 32096

Title	DIRECTOR
Name	STOCKWELL, WILLIAM
Address	674 SW WOODLAND AVE.
City-State-Zip:	FT. WHITE FL 32038

**Continues on page 2**

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

**SIGNATURE: JULIE ERLENMEYER****SECRETARY/TREASURER 01/12/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WULCHAK, JIM
Address	107 PONCE DE LEON CIRCLE
City-State-Zip:	PONCE INLET FL 32127