

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45719

Entity Name: AMERICAN ASSOCIATION FOR NUDE RECREATION - FLORIDA
REGION, INC.**FILED**
Feb 02, 2013
Secretary of State
CC0530533065**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	ST
Name	ERLENMEYER, JULIE
Address	25 CYPRESS LOOP
City-State-Zip:	LAKE ALFRED FL 33850

Title	D
Name	RASMUSSEN, HARRY
Address	P.O. BOX 335
City-State-Zip:	JAY FL 32565

Title	D
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	PREEN, AL
Address	19922 - 50TH ST.
City-State-Zip:	LIVE OAK FL 32060

Title	DIRECTOR
Name	MARKIEWICZ, JOHN
Address	5349 SELTON AVE.
City-State-Zip:	JACKSONVILLE FL 32277

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 02/02/2013**_____
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