

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45719

**Entity Name:** AMERICAN ASSOCIATION FOR NUDE RECREATION - FLORIDA REGION, INC.**FILED**  
**Feb 09, 2016**  
**Secretary of State**  
**CC8488856961****Current Principal Place of Business:**4414 MORRISTOWN ROAD  
JAY, FL 32565**Current Mailing Address:**4414 MORRISTOWN ROAD  
JAY, FL 32565 US**FEI Number: 65-0305151****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ERLENMEYER, JULIE  
4414 MORRISTOWN ROAD  
JAY, FL 32565 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	DIRECTOR
Name	YOUNG, MARGARET
Address	1845 ALMERIA WAY S
City-State-Zip:	ST. PETERSBURG FL 33712
Title	DIRECTOR
Name	DUFFIELD, JONATHAN
Address	PO BOX 350036
City-State-Zip:	FT. LAUDERDALE FL 33335
Title	DIRECTOR
Name	GAMBLE, JANE
Address	21008 SUNPOINT WAY, #102
City-State-Zip:	LUTZ FL 33558

Title	SECRETARY/TREASURER
Name	HEINTZ, LU ANN
Address	4414 MORRISTOWN ROAD
City-State-Zip:	JAY FL 32565
Title	VP
Name	WULCHAK, JIM
Address	107 PONCE DELEON CIRCL
City-State-Zip:	PONCE INLET FL 32127
Title	DIRECTOR
Name	JONES, JIMMIE
Address	5 LAWN STREET
City-State-Zip:	OVIEDO FL 32765
Title	DIRECTOR
Name	SCHLINZ, JOHN
Address	5640 FOUNTAIN LAKE CIRCLE, APT. #206
City-State-Zip:	BRADENTON FL 34207

**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: LU ANN HEINTZ****SECRETARY/TREASURER 02/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	JONES, NELSON
Address	2574 SE CHARLESTON DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34952