

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90059 028 ***150.00

DOCUMENT # 355773

1. Corporation Name

PALM LAKE TRAILER AND CAMPING RESORT, INC.

Principal Place of Business

11401 BONITA BEACH RD., SE
BONITA SPRINGS FL 34135
US

Mailing Address

11401 BONITA BEACH RD., SE
BONITA SPRINGS FL 34135
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1969

4. FEI Number

59-1282077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 BONITA SPRINGS FL.

Suite, Apt. #, etc.

22

City & State

23 BONITA SPRINGS FL.

Zip

24 34135

Country

25 USA

2a. Mailing Address

26 11401 BONITA BEACH RD.

Suite, Apt. #, etc.

27

City & State

28 BONITA SPRINGS FL.

Zip

29 34135

Country

30 USA

9. Name and Address of Current Registered Agent

DONNELLY, DOROTHY
11401 BONITA BEACH RD., SE
BONITA SPRGS FL 33923

10. Name and Address of New Registered Agent

81 Name

DOROTHY DONNELLY

82 Street Address (P.O. Box Number is Not Acceptable)

83 11401 BONITA BEACH RD SE.

84 City

BONITA SPRINGS

FL

85 Zip Code

34135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	PRESIDENT	<input type="checkbox"/> DELETE
NAME	LUND, BJARNE	BJARNE LUND	
STREET ADDRESS	BEACH RD E 11401	11401 BONITA BEACH RD.	
CITY-ST-ZIP	BONITA SPRINGS FL	BONITA SPRINGS FL 34135	
TITLE	S	SECRETARY, TREASURER	<input type="checkbox"/> DELETE
NAME	DONNELLY, DOROTHY		
STREET ADDRESS	BEACH RD E 11401		
CITY-ST-ZIP	BONITA SPRINGS FL	34135	
TITLE	D		<input type="checkbox"/> DELETE
NAME	DONNELLY, DOROTHY		
STREET ADDRESS	BEACH ROAD EAST		
CITY-ST-ZIP	BONITA SPRINGS FL	34135	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, 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:

Bjarne Lund - BJARNE LUND

1-23-99-941-992-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0464965

CR2E034 (11/98)