


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 649596	
1. Entity Name CAMPER VILLAGES OF AMERICA, INC.	

Principal Place of Business 3981 S.W. COLLEGE ROAD OCALA FL 32674-5713	Mailing Address 3981 S.W. COLLEGE ROAD OCALA FL 32674-5713
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1976144	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
SIMMONS, Y.J. 116 SOUTHEAST FT. KING STREET OCALA FL 32671	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May B.**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	COOPER, ROBERT H.		
STREET ADDRESS	3981 S.W. COLLEGE RD.		
CITY- ST- ZIP	OCALA FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	NAME		
TD	COOPER, MARY B.		
STREET ADDRESS	3981 S.W. COLLEGE RD.		
CITY- ST- ZIP	OCALA FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	NAME		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	NAME		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	NAME		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	NAME		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Robert H Cooper **4-30-05** **352-237-3231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Del** **Daytime Phone 4**