
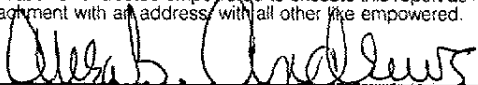


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

|  |  |                                 |  |  |         |
|--|--|---------------------------------|--|--|---------|
| <b>DOCUMENT # 649596</b>   |  |                                 |  |   |         |
| 1. Entity Name<br><b>CAMPER VILLAGES OF AMERICA, INC.</b>  |  |                                 |  |  |         |
| Principal Place of Business<br><b>3981 S.W. COLLEGE ROAD<br/>OCALA FL 32674-5713</b>   |  |                                 | Mailing Address<br><b>3981 S.W. COLLEGE ROAD<br/>OCALA FL 32674-5713</b>   |  |         |
| 2. Principal Place of Business   |  |                                 | 3. Mailing Address   |  |         |
| Suite, Apt. #, etc.  |  |                                 | Suite, Apt. #, etc.  |  |         |
| City & State   |  |                                 | City & State   |  |         |
| Zip  |  | Country                         | Zip  |  | Country |
| 4. FEI Number<br><b>59-1976144</b>   |  |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |  | <b>\$8.75</b> Additional Fee Required  |         |
| 6. Name and Address of Current Registered Agent<br><br><b>SIMMONS, Y.J.<br/>116 SOUTHEAST FT. KING STREET<br/>OCALA FL 32671</b>   |  |                                 | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 re-registering) DATE _____   |  |                                 |  |  |         |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |         |
| 10. OFFICERS AND DIRECTORS   |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>COOPER, ROBERT H.<br>3981 S.W. COLLEGE RD.<br>OCALA FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>U00000554415<br/>05/15/06-80092-007 150.00</b> |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>COOPER, MARY B.<br>3981 S.W. COLLEGE RD.<br>OCALA FL   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 if changed, or on an attachment with an address, with all other like empowered. |  |                                 |  |  |         |
| SIGNATURE:    |  |                                 | Date: <b>4-28-06</b> 352-237-3236  |  |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |                                 | Daytime Phone #  |  |         |