

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710358 (3)

1. Corporation Name

FLORIDA CAMPGROUND ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1340 VICKERS DR.
TALLAHASSEE FL 32303-3041
US1340 VICKERS DR.
TALLAHASSEE FL 32303-3041
US3. Date Incorporated or Qualified
02/15/19663a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1503847

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRISKA, JOSEPH O
2430 WREN HOLLOW DRIVE
TALLAHASSEE FL 32303

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STRISKA, JOE
STREET ADDRESS 1340 VICKERS DR.
CITY-ST-ZIP TALLAHASSEE FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE VCD
NAME FREED, CHUCK
STREET ADDRESS 3321 SE 30TH TERRACE
CITY-ST-ZIP OKEECHOBEE FL
☒ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D Ed Schneider St. Augustine,
4225 Hwy. 1A South FL 32084
☐ Change ☒ AdditionTITLE VCD
NAME MORALEE, TOM
STREET ADDRESS 4085 E. VENICE AVE.
CITY-ST-ZIP VENICE FL
☒ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D Sean Minix
601 39th Ave.
Vero Beach, FL 32968
☐ Change ☒ AdditionTITLE T
NAME DENSION, LAURIE
STREET ADDRESS 6633 53RD AVE. E
CITY-ST-ZIP BRADENTON FL 34203-9704
☒ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
T D Michael Levine
1070 Laurel Rd. E.
Nokomis, FL 34275
☐ Change ☒ AdditionTITLE T
NAME FREED, CHUCK
STREET ADDRESS 3321 S.E. 30TH TERR.
CITY-ST-ZIP OKEECHOBEE FL
☒ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
VCD John Lanes
1626 N. U.S. 1
Ormond, Beach, FL 32174
☐ Change ☒ AdditionTITLE S
NAME CALHOUN, KATE
STREET ADDRESS 251 US ALT. 19N
CITY-ST-ZIP PALM HARBOR FL 34683-0638
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH STRISKA

Date

1/9/97

Daytime Phone # 0007584

CR2E037 (9/96)