

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
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 90036 022 \*\*\*\*61.25

0007750

**DOCUMENT # 710358**

1. Corporation Name

**FLORIDA CAMPGROUND ASSOCIATION, INC.**

Principal Place of Business

1340 VICKERS DR.  
TALLAHASSEE FL 32303-3041  
US

Mailing Address

1340 VICKERS DR.  
TALLAHASSEE FL 32303-3041  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/15/1966

4. FEI Number

59-1503847

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

9. Name and Address of Current Registered Agent

STRISKA, JOSEPH O  
1857 COPPER AXE TRAIL  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME STRISKA, JOE  
STREET ADDRESS 1340 VICKERS DR.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE TD ☐ DELETE

NAME SCHNEIDER, ED  
STREET ADDRESS 4225 HWY A1A S  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☐ DELETE

NAME MINIX, SEAN  
STREET ADDRESS 601 39TH AVE  
CITY-ST-ZIP VERO BEACH FL

TITLE VCD ☐ DELETE

NAME USINA, FRANK  
STREET ADDRESS 4125 COASTAL HWY  
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE CD ☒ DELETE

NAME LANES, JOHN  
STREET ADDRESS 1626 N US 1  
CITY-ST-ZIP ORMOND BEACH FL

TITLE S ☐ DELETE

NAME CALHOUN, KATE  
STREET ADDRESS 251 US ALT. 19N  
CITY-ST-ZIP PALM HARBOR FL 34683-0638

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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 617, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

850/582-7157

Daytime Phone #

CR2E037 (1/98)