

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710358

FILED
Jan 26, 2006
Secretary of State

Entity Name: FLORIDA CAMPGROUND ASSOCIATION, INC.

Current Principal Place of Business:

1340 VICKERS ROAD
TALLAHASSEE, FL 323033041 US

New Principal Place of Business:

Current Mailing Address:

1340 VICKERS ROAD
TALLAHASSEE, FL 323033041 US

New Mailing Address:

FEI Number: 59-1503847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNWELL, ROBERT A
1340 VICKERS ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORNWELL, ROBERT
Address: 1340 VICKERS RD.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: CD () Delete
Name: WHALEN, RICHARD
Address: 2920 ALT 19 N
City-St-Zip: DUNEDIN, FL 34698

Title: TD () Delete
Name: PARKHURST, JOHN
Address: 28229 COUNTY ROAD 33
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: MARCHAND, MARLENE
Address: 12425 UNION RD
City-St-Zip: NAPLES, FL 34114

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WHALEN, RICHARD
Address: 2920 ALT 19 N
City-St-Zip: DUNEDIN, FL 34698 US

Title: VCD (X) Change () Addition
Name: PARKHURST, JOHN
Address: 28229 COUNTY ROAD 33
City-St-Zip: LEESBURG, FL 34748 US

Title: CD (X) Change () Addition
Name: MARCHAND, MARLENE
Address: 12425 UNION RD
City-St-Zip: NAPLES, FL 34114 US

Title: TD () Change (X) Addition
Name: SHIRLEY, NITA
Address: 3745 N. ST RD 29 SW
City-St-Zip: LABELLE, FL 33935 US

Title: SD () Change (X) Addition
Name: BOB, LITTLE
Address: 6500 N. MILITARY TRAIL
City-St-Zip: W. PALM BEACH, FL 33407 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CORNWELL

PD

01/26/2006

Electronic Signature of Signing Officer or Director

Date