

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90099 046 ****61.25

DOCUMENT # 721876

1. Entity Name
**TRUSTEE CORPORATION OF CAMPER'S HOLIDAY
ASSOCIATION, INC.**



Principal Place of Business
**2092 CULBREATH ROAD
BROOKSVILLE, FL 34602**

Mailing Address
**2092 CULBREATH ROAD
BROOKSVILLE, FL 34602**

60003479



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1302547

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANKEL, ROBERT
1299 MAIN ST
STE F
DUNEDIN, FL 34698**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
NAME **MURGITA, ELIZABETH A**
STREET ADDRESS **2092 CULBEATH RD A54**
CITY-ST-ZIP **BROOKSVILLE, FL 346026121**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **FCD** ☒ Delete
NAME **COLLINS, MILTON**
STREET ADDRESS **2092 CULBREATH RD A54**
CITY-ST-ZIP **BROOKSVILLE, FL 346026147**

TITLE **FLEISCHER, DAVID** ☒ Change ☐ Addition
NAME **2092 CULBREATH RD. A-39**
STREET ADDRESS **BROOKSVILLE, FL 34602-6121**
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **WORTMAN, ROBERT**
STREET ADDRESS **2092 CULBREATH RD. D-20**
CITY-ST-ZIP **BROOKSVILLE, FL 346026121**

TITLE **SMIALEK, JOSEPH** ☒ Change ☐ Addition
NAME **2092 CULBREATH RD. B10**
STREET ADDRESS **BROOKSVILLE, FL 34602-6121**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CLAYTON, LINNIA**
STREET ADDRESS **2092 CULBREATH C1**
CITY-ST-ZIP **BROOKSVILLE, FL 346026121**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **FVD** ☒ Delete
NAME **SMIALEK, JOSEPH**
STREET ADDRESS **2092 CULBREATH RD B10**
CITY-ST-ZIP **BROOKSVILLE, FL 346026121**

TITLE **CLEAVES, DUANE** ☒ Change ☐ Addition
NAME **2092 CULBREATH RD - C13**
STREET ADDRESS **BROOKSVILLE, FL 34602-6121**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Murgita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 15, 2007
Date

352-796-3707
Daytime Phone #