

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746462

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** FLORIDA RV TRADE ASSOCIATION, INC.

**Current Principal Place of Business:**

10510 GIBSONTON DR  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

10510 GIBSONTON DR  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 59-2314154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, DAVID L  
10510 GIBSONTON DR  
RIVERVIEW, FL 33569 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: CD ( ) Delete  
Name: CRUM, FRANK  
Address: 7400 HWY 60 E  
City-St-Zip: BARTOW, FL 33830

Title: PD ( ) Delete  
Name: SCHMIDT, SCOTT  
Address: 6420 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32561

Title: VD ( ) Delete  
Name: PERKINS, SHERRY  
Address: 5441 NE JACKSONVILLE RD  
City-St-Zip: OCALA, FL 34479

Title: TD ( ) Delete  
Name: DAVIS, DONNIE  
Address: 5903 A HAMPTON OAKS PKWY  
City-St-Zip: TAMPA, FL 33610

Title: SD ( ) Delete  
Name: SCHAFFER, LARRY  
Address: 10626 GENERAL AVE  
City-St-Zip: JACKSONVILLE, FL 32220

Title: MD ( ) Delete  
Name: WILSON, DAVID L  
Address: 10510 GIBSONTON DR  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: DESIREE ALFONSO

STD

04/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date