

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746462

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10510 GIBSONTON DR  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

10510 GIBSONTON DR  
RIVERVIEW, FL 33578

**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 33578 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:** P  
**Name:** SCHAFFER, LARRY  
**Address:** 10626 GENERAL AVE  
**City-St-Zip:** JACKSONVILLE, FL 32220

**Title:** V  
**Name:** ABDO, SAM  
**Address:** 4100 W. 23RD STREET  
**City-St-Zip:** PANAMA CITY, FL 32405

**Title:** C  
**Name:** DAVIS, DONNIE  
**Address:** 5903 A HAMPTON OAKS PKWY  
**City-St-Zip:** TAMPA, FL 33610

**Title:** S  
**Name:** HOLLAN, RYAN  
**Address:** 4681 WAYCROSS RD  
**City-St-Zip:** FORT MYERS, FL 33905

**Title:** T  
**Name:** ROTHENHAUSLER, ROB  
**Address:** 6775 US HIGHWAY 1, S.  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

**Title:** MD  
**Name:** WILSON, DAVID L  
**Address:** 10510 GIBSONTON DR  
**City-St-Zip:** RIVERVIEW, FL 33578

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID LANCE WILSON

MD

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date