


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748130 (2) 1. Corporation Name CAMPTOWN LESSEES ASSOCIATION, INC.					
Principal Place of Business 5152 E35 BOGGY CREEK RD ST CLOUD FL 34771			Mailing Address 5152 E35 BOGGY CREEK RD ST CLOUD FL 34771		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/19/1979 3a. Date of Last Report 04/26/1996	
4. FEI Number 59-2400930		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent CHAMBERS, MRS DOROTHY 5152 C 1 BOGGY CREEK RD. ST CLOUD FL 34771			
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		10. Name and Address of New Registered Agent			
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	COSMAN, DORIS				
STREET ADDRESS	5152 G-1 BOGGY CREEK RD.				
CITY-ST-ZIP	ST CLOUD, FL 00000				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	LOKKEN, RICHARD				
STREET ADDRESS	5152 P-25 BOGGY CREEK RD.				
CITY-ST-ZIP	ST CLOUD, FL 00000				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	KAZUK, MARGARET L				
STREET ADDRESS	5152 BOGGY CRK RD E35				
CITY-ST-ZIP	ST CLOUD, FL 00000				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	STEGEN, NORMAN				
STREET ADDRESS	5152 E-26 BOGGY CREEK RD				
CITY-ST-ZIP	ST CLOUD, FL 00000				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WATERHOUSE, CHARLES				
STREET ADDRESS	5152 F-8 BOGGY CREEK RD.				
CITY-ST-ZIP	ST CLOUD, FL 00000				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	PROUTY, EVERETT				
STREET ADDRESS	5152 F14 BOGGY CREEK RD				
CITY-ST-ZIP	ST CLOUD FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	5152 G-5 Bogggy Creek Rd				
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	5152 G-3 Bogggy Creek Rd.				
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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.					
SIGNATURE: <i>Doris Cosman</i> SIGNATURE REQUIRED 3/19/97 407-957-5246 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079925					



CR2E037 (9/96)

OFFICERS & DIRECTORS

D.

NELSON, MORRIS
5152 F-19 Boggy Creek Rd.
St. Cloud, Fl. 34771

D

Woitalla, Lewis
5152 A-42 Boggy Creek Rd
St. Cloud, Fl. 34771

D.

Bilimovich, Wilma
5152 E-23 Boggy Creek Rd.
St. Cloud, Fl. 34771