

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90070 002 ****66.25

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DOCUMENT # 748130

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

108319 - 90070 - 2



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

30

3. Date Incorporated or Qualified

07/19/1979

4. FEI Number

59-2400930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CHAMBERS, MRS DOROTHY
5152 C 1 BOGGY CREEK RD.
ST CLOUD FL 34771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME COSMAN, DORIS
STREET ADDRESS 5152 G-5 BOGGY CREEK RD
CITY-ST-ZIP ST CLOUD, FL 00000

TITLE DT ☐ DELETE

NAME LOKKEN, RICHARD
STREET ADDRESS 5152 P-25 BOGGY CREEK RD.
CITY-ST-ZIP ST CLOUD, FL 00000

TITLE DP ☐ DELETE

NAME KAZUK, MARGARET L
STREET ADDRESS 5152 BOGGY CRK RD E35
CITY-ST-ZIP ST CLOUD, FL 00000

TITLE D ☐ DELETE

NAME STEGEN, NORMAN
STREET ADDRESS 5152 G-3 BOGGY CREEK RD
CITY-ST-ZIP ST CLOUD, FL 00000

TITLE D ☐ DELETE

NAME WATERHOUSE, CHARLES
STREET ADDRESS 5152 F-8 BOGGY CREEK RD.
CITY-ST-ZIP ST CLOUD, FL 00000

TITLE VD ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED COSMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 407-957-5246

CR2E037 (1/98)