

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90100 045 \*\*\*\*66.25

**DOCUMENT # 748130**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2400930**

Applied For

Not Applicable

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

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

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

**FILE NOW: FEE IS \$61.25**

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

TITLE ☐ Change ☒ Addition  
NAME **Virginia Nonnemacher**  
STREET ADDRESS **5152 A-27 Boggy Creek Rd.**  
CITY-ST-ZIP **St. Cloud, FL 34771**

TITLE **D** ☒ Delete  
NAME **NELSON, MORRIS**  
STREET ADDRESS **5152 F-19 BOGGY CREEK RD**  
CITY-ST-ZIP **SAINT CLOUD FL 34771**

TITLE ☐ Change ☒ Addition  
NAME **LEW WOI TAILA**  
STREET ADDRESS **5152 A-42 Boggy Creek Rd**  
CITY-ST-ZIP **St. Cloud, FL 34771**

TITLE **DP** ☐ Delete  
NAME **KAZUK, MARGARET L**  
STREET ADDRESS **5152 BOGGY CRK RD E35**  
CITY-ST-ZIP **ST CLOUD, FL 00000**

TITLE ☐ Change ☒ Addition  
NAME **Lois KLIN**  
STREET ADDRESS **5152 A-26 Boggy Creek Rd.**  
CITY-ST-ZIP **St. Cloud, FL 34771**

TITLE **D V.P.** ☐ Delete  
NAME **STEGEN, NORMAN**  
STREET ADDRESS **5152 G-3 BOGGY CREEK RD**  
CITY-ST-ZIP **ST CLOUD, FL 00000**

TITLE ☐ Change ☒ Addition  
NAME **CHARLEEN Sargent**  
STREET ADDRESS **5152 G-10 Boggy Creek Rd.**  
CITY-ST-ZIP **St. Cloud, FL 34771**

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

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

TITLE **DT** ☐ Delete  
NAME **RUMSEY, AUGOSTA**  
STREET ADDRESS **5152 F10 BOGGY CREEK RD**  
CITY-ST-ZIP **SAINT CLOUD FL 34771**

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 exemption stated in Section 119.07(3)(i), 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: **DORIS COSMAN**

**4/28/03 407-957-5246**

CR2E037 (10/02)