

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 764721
1. Entity Name
NICHOLS LAKE CAMPGROUND HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business Mailing Address
5010 CAMP GROUND RD 5010 CAMP GROUND RD
MILTON, FL 32583 MILTON, FL 32583



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HENSLEY, WILLIAM D
5141 NICHOLS CREEK RD
MILTON, FL 32583

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

U00000425047
02/18/06-80077-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENSLEY, BILL 5141 NICHOLS CREEK RD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEGROODT, KAREN 10356 W LAKE RD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOSIER, DEANNA S 5590 GALVEZ RD PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Deanna S. Mosier Deanna S. Mosier 2/5/06 850-291-1687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #