

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764780 (3)
1. Corporation Name
LEISURE TIME CAMPSITES & CLUB ASSOCIATION, INC.



Principal Place of Business Mailing Address
LEISURE TIME PARK, LOT #172
24400 S TAMiami TRAIL
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified **09/01/1982** 3a. Date of Last Report **03/29/1995**
4. FEI Number **59-2455681** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
FOUNTAIN CT
8260 COLLEGE PWY STE 104
FT MYERS FL 33919

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MORREALE, EUGENE	24400 TAMiami TRAIL	BONITA SPRINGS FL	<input checked="" type="checkbox"/>
VPD	HEIFNER, JACK	24400 TAMiami TRAIL	BONITA SPRINGS FL	<input checked="" type="checkbox"/>
TD	WILSON, ANNE	24400 TAMiami TRAIL	BONITA SPRINGS FL	<input type="checkbox"/>
SD	REXFORD, TOM	24400 TAMiami TRL	BONITA SPGS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Fish, George	24400 Tamiami Trail Lot 47	Bonita Springs, FL 33923	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Flora, Earl	24400 Tamiami Trail, Lot 28	Bonita Springs, FL 33923	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Lowe, Jerry	24400 Tamiami Trail, Lot 161	Bonita Springs, FL 33923	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *George A. Fish* George Fish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96 941 992-7797
Date Daytime Phone #

CR2E037 (12/95)