

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764780 (3)**  
1. Corporation Name  
**LEISURE TIME CAMPSITES & CLUB ASSOCIATION, INC.**

Principal Place of Business <b>LEISURE TIME PARK, LOT #178 24400 S TAMAMI TRAIL BONITA SPRINGS FL 33923</b>	Mailing Address <b>LEISURE TIME PARK, LOT #178 24400 S TAMAMI TRAIL BONITA SPRINGS FL 33923</b>
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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
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3. Date incorporated or Qualified <b>09/01/1982</b>
4. FEI Number <b>59-2455681</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**BECKER & POLIAKOFF, P.A.  
FOUNTAIN CT  
8280 COLLEGE PWY STE 104  
FT MYERS FL 33919**

10. Name and Address of New Registered Agent	
81 Name <b>JOHN G. MAC'KIE III - BECKER &amp; POLIAKOFF, P.A.</b>	85 Zip Code <b>34103</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>COLLIER PLACE 1</b>	
83 City <b>3003 TAMAMI TRAIL, NORTH, SUITE 210</b>	
84 City <b>NAPLES</b>	85 Zip Code <b>FL 34103</b>

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 *John G. Mac'Kie III Esq.* DATE **4/10/98**

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	PD FISH, GEORGE 2440 TAMAMI TRAIL LOT 47 BONITA SPRINGS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO FLORA, EARL 2440 TAMAMI TRAIL LOT 28 BONITA SPRINGS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICKERSON EDMUND J 24400 TAMAMI TRAIL BONITA SPRINGS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOWE, JERRY 2440 TAMAMI TRAIL LOT 161 BONITA SPRINGS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD FLOAA, EARL R. 24400 TAMAMI TRAIL - LOT 28 BONITA SPRINGS, FL. 34184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPO LOWE, JERRY 24400 TAMAMI TRAIL - LOT 161 BONITA SPRINGS, FL. 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD GEORGE W. DEWEY 24400 TAMAMI TRAIL - LOT 18 BONITA SPRINGS, FL. 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD REXFORD THOMAS 24400 TAMAMI TRAIL - LOT 104 BONITA SPRINGS, FL. 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Sandra B. Mortham (PRESIDENT)*

4/10/98

CR2E037 (10/97)