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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 764780

1. Corporation Name

LEISURE TIME CAMPSITES & CLUB ASSOCIATION, INC.

Principal Place of Business

LEISURE TIME PARK LOT #172
24400 S TAMIAAMI TRAIL
BONITA SPRINGS FL 33923

Mailing Address

LEISURE TIME PARK LOT #172
24400 S TAMIAAMI TRAIL
BONITA SPRINGS FL 33923



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

34134

25

29

34134

30

3. Date Incorporated or Qualified

09/01/1982

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN G MACKIE III BECKER AND POLAKOFF PA
COLLIER PL 1
3003 TAMIAAMI TR NO STE 210
NAPLES FL 34103

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME FLORA, EARL R

STREET ADDRESS 24400 TAMIAAMI TR LOT 28

CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VPD ☐ DELETE

NAME LOWE, JERRY

STREET ADDRESS 24400 TAMIAAMI TR LOT 161

CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE TD ☐ DELETE

NAME DEWEY, GEORGE W

STREET ADDRESS 24400 TAMIAAMI TR LOT 18

CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE SD ☐ DELETE

NAME REXFORD, THOMAS

STREET ADDRESS 24400 TAMIAAMI TR LOT 104

CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

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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 REQUIRED

Date

Daytime Phone #

CR2E037 (1/98)