

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764780**

1. Entity Name  
**LEISURE TIME CAMPSITES & CLUB ASSOCIATION, INC.**



Principal Place of Business  
**LEISURE TIME PARK, LOT #172  
24400 S TAMiami TRAIL  
BONITA SPRINGS, FL 34134**

Mailing Address  
**LEISURE TIME PARK, LOT #172  
24400 S TAMiami TRAIL  
BONITA SPRINGS, FL 34134**

**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2455681**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BECKER & POLIAKOFF, P.A.  
14241 METROPOLIS AVE.  
SUITE 100  
FT MYERS, FL 33912-0000**

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
VOLLMER, CARL  
24400 TAMiami TR LOT 182  
BONITA SPRINGS, FL 34134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
LAHUBER, LARRY  
24400 TAMIAM TRL #71  
BONITA SPRINGS, FL 34134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
HAWLEY, RICHARD  
24400 TAMiami TR LOT 74  
BONITA SPRINGS, FL 34134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
OLIVER, MABEL  
24400 TAMiami TR LOT 101  
BONITA SPRINGS, FL 34134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carl Vollermer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #