2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764780

FILED Feb 11, 2009 Secretary of State

Entity Name: LEISURE TIME CAMPSITES & CLUB ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

LEISURE TIME PARK, LOT #172 24400 S TAMIAMI TRÁIL BONITA SPRINGS, FL 34134

New Mailing Address: Current Mailing Address:

LEISURE TIME PARK, LOT #172 24400 S TAMIAMI TRÁIL BONITA SPRINGS, FL 34134

FEI Number: 59-2455681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A. 14241 METROPOLIS AVE. SUITE 100 FT MYERS, FL 339120000 US

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.

SIGNATURE:

Name:

Name:

Address:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete

VPD

(X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VOLLMER, CARL VOLLMER, CARL Name:

24400 TAMIAMI TR LOT 182 Address: 24400 TAMIAMI TR LOT 182 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete Title: (X) Change () Addition

LAHUBER, LARRY Name: HUBER, LARRY Name: Address: 24400 TAMIAM TRL #71 Address: 24400 TAMIAM TRL #71 City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete Title: **VPD** (X) Change () Addition

HAWLEY, RICHARD DURYS, CHRISTINE Name: Name: 24400 TAMIAMI TR LOT 74 24400 TAMIAMI TR LOT 45 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete Title: () Change () Addition

OLIVER, MABEL Name: 24400 TAMIAMI TR LOT 101 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL VOLLMER **PRES** 02/11/2009