2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2003 8:00 am Secretary of State

DOCUMENT # 764780 1. Entity Name LEISURE TIME CAMPSITES & CLUB ASSOCIATION, INC.								04-07-20	003 9019	9 8 027 *	***61.25	
Principal Plac	ce of Busines	s	Mailing Address		. '		•					
LEISURE TIME 24400 S TAMI BONITA SPRIM	e park, Lot Iami Trail	#172	24400 S TAMIAMI	LEISURE TIME PARK, LOT #172 2400 S TAMIAMI TRAIL BONITA SPRINGS FL 34134			i i ta ur ie	11 : 1 111 Firm (*11 1 fi	ir aa ti a ati a ti	Úr elek aktik		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.		···-	Suite, Apt. #, e	etc.				CHECK HERE	IF MAKING	3 CHANGE	:S	
City & State			City & State			4. FEI Numbe	[*] 59-2455681			Applied For Not Applical	ole	
Zip		Country	Zip		ountry			of Status Desired		\$8.75 A	ired	
	6. Name	and Address of Current F	tegistered Agent	-	,		7. Name and	Address of New	registered.	Agent		∤
050					Name				ننټ مت 	<u> </u>		_}
13515 BI		DR., STE 101			Street Ad	ddress (P.	O. Box Numbe	r is Not Acceptabl	9)			
PURI MI	YERS FL 33	301			City		-		FL	Zip C	ode	\dashv
8. The above	named entit	y submits this statement for	the ourgose of chang	noino its registe	red office or	renisterer	d agent, or bott	n in the State of Fi		familiar wit	h and accei	_ -
	tions of regist		and purpose of entang	iging no regions		. ogioto et	a again, or con	1, 11 to Qual 51 1	0.,00.	1,27111127 1	., ., .	- 1
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SIGNĂTURE		·									<u>. </u>	
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if applicable.	(NOTE: Register	red Agent signatu	re required w	han reinstating)		DATE		<u>. </u>	
<u> </u>		or printed name of registered agent ar	9. Electi	(NOTE: Register tion Campaign t Fund Contribu	Financing		hen reinstating) 55.00 May Boarded to Fees		DATE Department			
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12. 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 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: 4

Galigithellassured

14/3/03

1239.992.7197