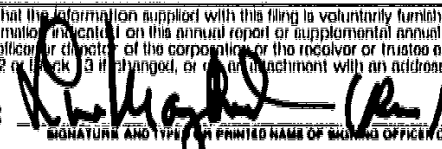


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR -5 PM 3: 03	
DOCUMENT # 766352 (9) 1. Corporation Name GULF COAST CAMPING RESORT PROPERTY OWNERS' ASSOCIATION, INC.				
Principal Place of Business 24465 PRODUCTION CRCL BONITA SPRINGS FL 33923		Mailing Address 24465 PRODUCTION CRCL BONITA SPRINGS FL 33923		
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		
3. Date Incorporated or Qualified 12/29/1982		3a. Date of Last Report 04/25/1994		
4. FEI Number 59-2474215		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		
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent MAYHOOD, L.W. 11071 E. TERRY ST. BONITA SPRINGS FL 33923		10. Name and Address of New Registered Agent 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE				
12. OFFICERS AND DIRECTORS				
TITLE	PD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	MAYHOOD, L.W.	1.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	11071 E TERRY ST.	1.2 NAME		
CITY - ST - ZIP	BONITA SPRINGS FL	1.3 STREET ADDRESS		
TITLE	VD	1.4 CITY - ST - ZIP		
NAME	GRAVSS, HAROLD	2.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	27500 HICKORY BLVD	2.2 NAME		
CITY - ST - ZIP	BONITA SPRINGS FL	2.3 STREET ADDRESS		
TITLE	STD	2.4 CITY - ST - ZIP		
NAME	EVANS, ROBERT	3.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	5740 WINKLER RD.	3.2 NAME		
CITY - ST - ZIP	FT. MYERS FL	3.3 STREET ADDRESS		
TITLE		3.4 CITY - ST - ZIP		
NAME		4.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS		4.2 NAME		
CITY - ST - ZIP		4.3 STREET ADDRESS		
TITLE		4.4 CITY - ST - ZIP		
NAME		5.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS		5.2 NAME		
CITY - ST - ZIP		5.3 STREET ADDRESS		
TITLE		5.4 CITY - ST - ZIP		
NAME		6.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS		6.2 NAME		
CITY - ST - ZIP		6.3 STREET ADDRESS		
TITLE		6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information contained 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: 		3-30-95 813-9922008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		