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



Apr 11, 2005 8:00 am Secretary of State

FILED

DOCUMENT # N0000008397 1. Entity Name NATURE COAST LANDINGS CAMPGROUND ASSOCIATION, INC.					04-11-2005	90138 023		
Principal Place of Business 10173 SUNCOAST BLVD. 10173 SUNCOAST BLVD. CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34428					r			
A D:	No. of Division							
2. Principal Place of Business 3. Mailing Ad-		3. Mailing Address			 	10 11/ 10 11/ 10 11/ 1 2 1/	13 IIII 1614 III	ORAL DI 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E03	7 (10/03)	
City & State		City & State		4. FEI Number 59-36876	 696		_ 	oplied For
Zip	Country	Zip	Country	5. Certificate of		, 0	8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New		ee Require gent	ы — — — — — — — — — — — — — — — — — — —
EYSTER-JAMES P			Name					
10173 N. SUNCOAST BLVD. CRYSTAL RIVER, FL. 34428			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
			09.			·	T 25- 0	:
			City	FL Zip Code				
	named entity submits this statement follows of registered agent.	or the purpose of changing its r	egistered office or re	egistered agent, or both,	in the State of	Florida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature r	required when reinstating)		DATE		
SIGNATURE		t and title if applicable. (NOTE: 9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be	FI	DATE Make check orida Depart		
	Signature, typed or printed name of registered agen	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be		Make check orida Depart	ment of S	tete
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12. I hereby certify that the information supplied with this filling 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: MAN EN

Daytime Phone #