

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90294 014 ****61.25

DOCUMENT # N00000008397 1. Entity Name NATURE COAST LANDINGS CAMPGROUND ASSOCIATION, INC.					
Principal Place of Business 10173 SUNCOAST BLVD. CRYSTAL RIVER, FL 34428			Mailing Address 10173 SUNCOAST BLVD. CRYSTAL RIVER, FL 34428		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EYSTER, JAMES P 10173 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EYSTER, JAMES P		NAME		
STREET ADDRESS	10173 N. SUNCOAST BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTWIES, THOMAS		NAME		
STREET ADDRESS	10173 N. SUNCOAST BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HESTER, DENNY		NAME		
STREET ADDRESS	10173 N. SUNCOAST BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POULSEN, SUSAN		NAME		
STREET ADDRESS	10173 N. SUNCOAST BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VIEGELMANN, RALPH		NAME	WILLIAM HUNT	
STREET ADDRESS	10173 N SUNCOAST BLVD		STREET ADDRESS	10173 N SUNCOAST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAAS, RONALD		NAME	CHARLENE EDWARDS	
STREET ADDRESS	10173 N. SUNCOAST BLVD.		STREET ADDRESS	10173 N. SUNCOAST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James P Eyster, JAMES P EYSTER, M. 4/11/06 352-447-2299 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					