

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90138 021 \*\*\*\*61.25

<b>DOCUMENT # N00000008397</b>					
<b>1. Entity Name</b> NATURE COAST LANDINGS CAMPGROUND ASSOCIATION, INC.					
<b>Principal Place of Business</b> 10173 SUNCOAST BLVD. CRYSTAL RIVER, FL 34428			<b>Mailing Address</b> 10173 SUNCOAST BLVD. CRYSTAL RIVER, FL 34428		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3687696	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EYSTER, JAMES P 10173 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	M EYSTER, JAMES P 10173 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P ALTWIES, THOMAS 10173 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V HESTER, DENNY 10173 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D POULSEN, SUSAN 10173 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S HUNT, WILLIAM 10173 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T EDWARDS, CHARLENE 10173 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/S SUSAN POULSEN 10173 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D HUNT, WILLIAM 10173 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, CHARLENE 10173 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Thomas Altwies</i>		THOMAS ALTWIES, PRES 3/16/07 813-767-0196			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

40043100



03062007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

FL Zip Code

Make check payable to  
Florida Department of State

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