


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90003 042 \*\*\*\*61.25

<b>DOCUMENT # N05002</b> 1. Entity Name BIG "O" RV PARK ASSOCIATION, INC.	
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Principal Place of Business 7950 HWY 78 W OKEECHOBEE, FL 34974	Mailing Address 7950 HWY 78 W OKEECHOBEE, FL 34974
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01112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0440093

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  HETLING, EFFIE W 7950 HWY 78, # 191 OKEECHOBEE, FL 34974
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Effie S. Hetling, Manager*

Signature typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-11-08

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMPBELL, KEN DREW PARKER, Pres. 7950 SW HWY 78, #4049 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BASWELL, KEN JANE SATTER, V. Pres. 7950 SW HWY 78, #73196 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S- CAWLE, BETTY J Bill Poulin, Sec. 7950 SW HWY 78, #2243 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T- SIME, RON Roger CHRISTIAN, Treas. 7950 SW HWY 78, #324 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Effie S. Hetling, Manager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08

Date

863-467-5515

Daytime Phone #