## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N23959**

## **FILED** Jan 27, 2003 8:00 am Secretary of State

| TROPICAL VILLAGE OWNERS' ASSOCIATION, INC.                                                                                                                                                                                                                                                                                     |                                                                                                                                                           |                                                                                                                                               |                     |                                                               |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | 1-27-2003 90250 0.              | 21 *****61                        | .23                                    |
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| Principal Place of Business<br>915 EISENHOWER DRIVE<br>KEY WEST FL 33040<br>US                                                                                                                                                                                                                                                 |                                                                                                                                                           | Mailing Address 915 EISENHOWER DR KEY WEST FL 33040 US                                                                                        |                     |                                                               | .                                                                                                                                                                                                       | O 2751 O 1870 O 8410 O 1861 O 1887 O 87                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | ii 91 <b>9</b> 14 4 <b>19</b> 1 |                                   |                                        |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |                                                                                                                                               | 3. Mailing Address  |                                                               |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                 |                                   |                                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                            |                                                                                                                                                           |                                                                                                                                               | Suite, Apt. #, etc. |                                                               |                                                                                                                                                                                                         | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CHECK HERE IF MAKING CHANGES   |                                 |                                   |                                        |
| City & State                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                           |                                                                                                                                               | City & State        |                                                               |                                                                                                                                                                                                         | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ( INCLANTINATE ( )             |                                 | oplied For<br>ot Applicable       |                                        |
| Zip                                                                                                                                                                                                                                                                                                                            | ·                                                                                                                                                         | Country                                                                                                                                       | Zip                 |                                                               | Cou                                                                                                                                                                                                     | untry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5. Certificate of Stat         | tus Desired                     | \$8.75 Add                        | fitional                               |
|                                                                                                                                                                                                                                                                                                                                | 6. Name                                                                                                                                                   | and Address of Current                                                                                                                        | Registered          | d Agent                                                       |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. Name and Addre              | ess of New Registered           | Agent                             |                                        |
|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |                                                                                                                                               |                     |                                                               |                                                                                                                                                                                                         | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                 |                                   |                                        |
| KEY WEST HIDEAWAYS INC                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           |                                                                                                                                               |                     |                                                               |                                                                                                                                                                                                         | Street Addres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ss (P.O. Box Number is No      | of Acceptable)                  |                                   |                                        |
| 915 EISENHOWER DR                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                                                                                                                               |                     |                                                               |                                                                                                                                                                                                         | Cirottylaarot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                 |                                   |                                        |
| KEY WES                                                                                                                                                                                                                                                                                                                        | ST FL 33040                                                                                                                                               |                                                                                                                                               |                     |                                                               |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                 |                                   | [                                      |
|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           | -                                                                                                                                             |                     |                                                               |                                                                                                                                                                                                         | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del></del>                    | FL                              | Zip Cod                           | e                                      |
| 8 The above                                                                                                                                                                                                                                                                                                                    | a named entit                                                                                                                                             | y submits this statement fo                                                                                                                   | or the purpos       | ee of changing its                                            | register                                                                                                                                                                                                | ad office or regis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | stered agent or both in th     |                                 |                                   | and accept                             |
|                                                                                                                                                                                                                                                                                                                                | tions of regist                                                                                                                                           |                                                                                                                                               | i tre parpo.        | se or changing its                                            | register                                                                                                                                                                                                | sa office of regis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | stered agent, or both, in the  | ie State of Florida. Tam        | rearrance with ,                  | and accept                             |
|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |                                                                                                                                               |                     |                                                               |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                 |                                   |                                        |
| Ü                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                                                                                                                               |                     |                                                               |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                 |                                   |                                        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                           |                                                                                                                                               |                     |                                                               |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del></del>                    |                                 |                                   | }                                      |
|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           | or printed name of registered agent                                                                                                           | and title if applic | cable. (NOTE                                                  | : Registere                                                                                                                                                                                             | d Agent signature requ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uired when reinstating)        | DATE                            |                                   |                                        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                      | Signature, typed                                                                                                                                          | or printed name of registered agent : FEE IS \$61.25                                                                                          | and title if applic | 9. Election Cam<br>Trust Fund C                               | npaign F                                                                                                                                                                                                | inancing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      |                                   |                                        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                      | Signature, typed                                                                                                                                          | : FEE IS \$61.25                                                                                                                              |                     | 9. Election Carr                                              | npaign F<br>ontribut                                                                                                                                                                                    | inancing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | tment of S                        | State                                  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                      | FILE NOW                                                                                                                                                  | : FEE IS \$61.25                                                                                                                              |                     | 9. Election Carr                                              | npaign F                                                                                                                                                                                                | inancing on.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$5.00 May Be<br>Added to Fees | Make Chec                       | tment of S                        | State                                  |
| SIGNATURE  10.  TITLE  NAME                                                                                                                                                                                                                                                                                                    | FILE NOW                                                                                                                                                  | : FEE IS \$61.25  OFFICERS AND DIS                                                                                                            |                     | 9. Election Cam<br>Trust Fund C                               | npaign Fontribut                                                                                                                                                                                        | inancing on.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | tment of S                        | State<br>10                            |
| SIGNATURE  10.  TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                      | FILE NOW  PD LUSTER, V 807 BEAVI                                                                                                                          | : FEE IS \$61.25  OFFICERS AND DIF                                                                                                            |                     | 9. Election Cam<br>Trust Fund C                               | npaign Fontribut  11. TITLI NAM                                                                                                                                                                         | inancing on.   E E ET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | tment of S                        | State<br>10                            |
| SIGNATURE  10.  TITLE  NAME                                                                                                                                                                                                                                                                                                    | FILE NOW PD LUSTER, V 807 BEAVI SEWICKLE                                                                                                                  | : FEE IS \$61.25  OFFICERS AND DIS                                                                                                            |                     | 9. Election Cam<br>Trust Fund C                               | npaign Fontribut  11. TITLI NAM                                                                                                                                                                         | inancing on.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | tment of S                        | State<br>10                            |
| SIGNATURE  10.  TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                      | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE                                                                                                                 | OFFICERS AND DIF<br>OFFICERS AND DIF<br>VILLIAM<br>ER ST<br>Y PA 15143                                                                        |                     | 9. Election Cam<br>Trust Fund C                               | npaign Fontribut  11. TITLI NAM                                                                                                                                                                         | inancing on.   E E E ET ADDRESS -ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | tment of S                        | State<br>10                            |
| SIGNATURE  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                                                                                                                                                                                          | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J                                                                                                   | : FEE IS \$61.25  OFFICERS AND DIF  VILLIAM  ER ST  Y PA 15143  UNE                                                                           |                     | 9. Election Cam<br>Trust Fund C                               | npaign Fontribut  11. TITLI NAM STRE CITY TITLI                                                                                                                                                         | Financing on.   E E E ET ADDRESS -ST-ZIP E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN                        | 10 Addition                            |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                            | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI                                                                                         | OFFICERS AND DIF<br>OFFICERS AND DIF<br>VILLIAM<br>ER ST<br>Y PA 15143<br>UNE<br>ER ST                                                        |                     | 9. Election Cam<br>Trust Fund C                               | npaign Fontribut  11. TITLI NAM STRE CITY TITLI NAM STRE                                                                                                                                                | inancing on.   E E E ET ADDRESS -ST-ZIP E E ET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN                        | 10 Addition                            |
| SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                     | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI                                                                                         | : FEE IS \$61.25  OFFICERS AND DIF  VILLIAM  ER ST  Y PA 15143  UNE                                                                           |                     | 9. Election Cam Trust Fund Co                                 | 11. TITLI NAM STRE CITY TITLI NAM STRE                                                                                                                                                                  | E E E ET ADDRESSST-ZIP E E E ST-ZIP E E E ST-ZIP E E E ST-ZIP E E ST-ZIP E E E E ST-ZIP E E E E ST-ZIP E E E E E E ST-ZIP E E E E E E E E E E E E E E E E E E E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN Change                 | 10 Addition                            |
| SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                               | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI SEWICKLE                                                                                | OFFICERS AND DIS<br>OFFICERS AND DIS<br>VILLIAM<br>ER ST<br>Y PA 15143<br>UNE<br>ER ST<br>Y PA 15143                                          |                     | 9. Election Cam<br>Trust Fund C                               | 11. TITLI NAM STRE CITY TITLI CITY TITLI                                                          | E E E ET ADDRESSST-ZIP E E E ST-ZIP | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN                        | 10 Addition                            |
| SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                          | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI SEWICKLE D MACNELLY                                                                     | OFFICERS AND DIS<br>OFFICERS AND DIS<br>VILLIAM<br>ER ST<br>Y PA 15143<br>UNE<br>ER ST<br>Y PA 15143                                          |                     | 9. Election Cam Trust Fund Co                                 | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLE NAM STRE CITY TITLE                                                                                                                                       | E E E E E E E E E E E E E E E E E E E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN Change                 | 10 Addition                            |
| SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                               | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI SEWICKLE D MACNELL P O BOX                                                              | OFFICERS AND DIE VILLIAM ER ST Y PA 15143 UNE ER ST Y PA 15143 (, SUSAN                                                                       |                     | 9. Election Cam Trust Fund Co                                 | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI STRE                                                                                                                                  | E E E ET ADDRESSST-ZIP E E E ST-ZIP | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN Change                 | 10 Addition                            |
| SIGNATURE  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                          | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI SEWICKLE D MACNELLY                                                                     | OFFICERS AND DIE VILLIAM ER ST Y PA 15143 UNE ER ST Y PA 15143 (, SUSAN                                                                       |                     | 9. Election Cam Trust Fund C                                  | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI STRE                                                                                                                                  | E E E E E E E E E E E E E E E E E E E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN Change                 | 10 Addition Addition                   |
| SIGNATURE  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                            | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI SEWICKLE D MACNELLY P O BOX FLINT HILL VD KUNKEMO                                       | OFFICERS AND DIE VILLIAM ER ST Y PA 15143 UNE ER ST Y PA 15143 V, SUSAN VA 22627 ELLER, KATHY                                                 |                     | 9. Election Cam Trust Fund Co                                 | 11. TITLI NAM STRE CITY TITLI STRE CITY TITLI STRE CITY TITLI CITY                                                                                                                                      | E E E E E E E E E E E E E E E E E E E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN Change                 | 10 Addition                            |
| SIGNATURE  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS                                                                                                                          | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI SEWICKLE D MACNELLY P O BOX FLINT HILL VD KUNKEMO 1713 JOHI                             | CFFICERS AND DIE  WILLIAM ER ST Y PA 15143  UNE ER ST Y PA 15143  V, SUSAN V, SUSAN VA 22627  ELLER, KATHY NSON ST                            |                     | 9. Election Cam Trust Fund C                                  | 11. TITLI NAM STRE CITY TITLI STRE CITY TITLI STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY                                                                                                         | E E E E E E E E E E E E E E E E E E E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN Change                 | 10 Addition Addition                   |
| SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                              | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI SEWICKLE D MACNELL P O BOX FLINT HILL VD KUNKEMO 1713 JOHI KEY WEST                     | CFFICERS AND DIE  WILLIAM ER ST Y PA 15143  UNE ER ST Y PA 15143  V, SUSAN V, SUSAN VA 22627  ELLER, KATHY NSON ST                            |                     | 9. Election Cam Trust Fund C                                  | 11. TITLI NAM STRE CITY TITLI STRE CITY TITLI STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY                                                                                                         | E E E E E E E E E E E E E E E E E E E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN Change                 | 10 Addition Addition Addition          |
| SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                             | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI SEWICKLE D MACNELL P O BOX FLINT HILL VD KUNKEMO 1713 JOHI KEY WEST                     | CFFICERS AND DIE  VILLIAM ER ST Y PA 15143  UNE ER ST Y PA 15143  V, SUSAN 188 N/A 1VA 22627  ELLER, KATHY NSON ST FL                         |                     | 9. Election Cam Trust Fund C                                  | ITILI NAM STRE CITY TITLI NAM STRE CITY                                                             | E E E E E E E E E E E E E E E E E E E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN Change                 | 10 Addition Addition                   |
| IO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME                                                                                             | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI SEWICKLE D MACNELLY P O BOX FLINT HILL VD KUNKEMO 1713 JOHI KEY WEST D KUNKEMO          | CFFICERS AND DIE  VILLIAM ER ST Y PA 15143  UNE ER ST Y PA 15143  Y, SUSAN 188 N/A 1VA 22627  ELLER, KATHY VSON ST FL  ELLER, STEVE           |                     | 9. Election Cam Trust Fund C                                  | TITLI NAM STRE CITY                                                                                 | E E E E E E E E E E E E E E E E E E E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN Change                 | 10 Addition Addition Addition          |
| SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS                                                                          | FILE NOW  PD LUSTER, V 807 BEAVI SEWICKLE STD LUSTER, J 807 BEAVI SEWICKLE D MACNELLY P O BOX FLINT HILL VD KUNKEMO 1713 JOH! KEY WEST D KUNKEMO 793 WATC | CFFICERS AND DIE  VILLIAM ER ST Y PA 15143  UNE ER ST Y PA 15143  V, SUSAN 188 N/A VA 22627  ELLER, KATHY VSON ST FL  ELLER, STEVE H POINT DR |                     | 9. Election Cam Trust Fund C                                  | ITILI NAM STRE CITY TITLI NAM STRE CITY                                                             | E E E E E E E E E E E E E E E E E E E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar      | RECTORS IN Change                 | 10 Addition Addition Addition          |
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12. I hereby certify that the information supplied with this filing 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.

E REQUIRED

**SIGNATURE:** 

21/03