

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39030

(4)

1. Corporation Name

CAMP FLORIDA COMMONS RECREATION ASSOCIATION, INC



Principal Place of Business

Mailing Address

P.O. BOX 1169
LAKE PLACID FL 33852

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LAKE PLACID FL 33852

3. Date Incorporated or Qualified
07/10/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1525 U. S. 27 South**

26 **1525 U. S. 27 South**

4. FEI Number
65-0239968

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Lake Placid Fl**

28 **Lake Placid Fl**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

24 **33852**

25 **Highlands**

29 **33852**

30 **Highlands**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, JACK M., SR.
1525 U.S. HIGHWAY 27, SOUTH
LAKE PLACID FL 33852**

81 Name **Sara Keller**

82 Street Address (P.O. Box Number is Not Acceptable)
1525 U. S. 27 South

83

84 City **Lake Placid**

FL

85 Zip Code
33852

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sara A. Keller

Signature, typed or printed name of registered agent; and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-19-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **DP**
STREET ADDRESS **CLARK, JACK M., SR.**
CITY-ST-ZIP **1525 US 27 S
LAKE PLACID FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **Director**
1.3 STREET ADDRESS **Robert Clifford**
1.4 CITY-ST-ZIP **50 Windward Dr.
Lake Placid, Fl. 33852**

TITLE ☒ DELETE
NAME **DV**
STREET ADDRESS **CLARK, JACK M., JR.**
CITY-ST-ZIP **1525 US 27 S
LAKE PLACID FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **Director**
2.3 STREET ADDRESS **Frank MacTaggart**
2.4 CITY-ST-ZIP **26 Freedom Way
Lake Placid, Fl. 33852**

TITLE ☒ DELETE
NAME **DST**
STREET ADDRESS **CLARK, JACK M JR**
CITY-ST-ZIP **1525 U.S. 27 SOUTH
LAKE PLACID FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **Director**
3.3 STREET ADDRESS **Jeanne Rhodes**
3.4 CITY-ST-ZIP **54 Beachfront Lane
Lake Placid, Fl 33852**

TITLE ☐ DELETE
NAME **President**
STREET ADDRESS **Sara Keller**
CITY-ST-ZIP **5 Freedom way
Lake Placid, Fl 33852**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **Treasurer**
4.3 STREET ADDRESS **Robert Hotz**
4.4 CITY-ST-ZIP **56 Freedom Way
Lake Placid, Fl 33852**

TITLE ☐ DELETE
NAME **V. P.**
STREET ADDRESS **Jack Aires**
CITY-ST-ZIP **62 Beachfront Lane
Lake Placid, Fl 33852**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V. P.**
STREET ADDRESS **Gene Skalicky**
CITY-ST-ZIP **12 Hidden Harbor Lane
Lake Placid, Fl. 33852**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert J. Hotz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96

644-0048

Date

Daytime Phone #

CR2E037 (12/95)