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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N39030 (4)

1. Corporation Name

CAMP FLORIDA COMMONS RECREATION ASSOCIATION, INC



Principal Place of Business

1525 US 27 SOUTH
LAKE PLACID FL 33852
US

Mailing Address

1525 US 27 SOUTH
LAKE PLACID FL 33852-5107
US

3. Date Incorporated or Qualified
07/10/1990

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
65-0239968

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

KELLER, SARA
1525 US 27 SOUTH
LAKE PLACID FL 33852

81 Name Robert W Clifford
82 Street Address (P.O., Box Number is Not Acceptable)
50 Windward Dr
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D & T
NAME CLIFFORD, ROBERT
STREET ADDRESS 50 WINDWARD RIVE
CITY-ST-ZIP LAKE PLACID FL

TITLE D
NAME MACTAGGART, FRANK
STREET ADDRESS 26 FREEDOM WAY
CITY-ST-ZIP LAKE PLACID FL

TITLE D
NAME RHODES, JEANNE
STREET ADDRESS 54 BEACHFRONT LANE
CITY-ST-ZIP LAKE PLACID FL

TITLE P
NAME KELLER, SARA
STREET ADDRESS 5 FREEDOM WAY
CITY-ST-ZIP LAKE PALACID FL

TITLE VP
NAME AIRES, JACK
STREET ADDRESS 62 BEACH FRONT LANE
CITY-ST-ZIP LAKE PLACID FL

TITLE VP
NAME SKALOCKY, GENE
STREET ADDRESS 12 HIDDEN HARBOR LANE
CITY-ST-ZIP LAKE PALCID FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE D & T
1.2 NAME BROMAN, ELWIN
1.3 STREET ADDRESS 24 Beach Front Lane
1.4 CITY-ST-ZIP Lake Placid, FL 33852

2.1 TITLE D & P
2.2 NAME Peron-toni, Richard
2.3 STREET ADDRESS 36 Hidden Harbor Lane
2.4 CITY-ST-ZIP Lake Placid, FL 33852

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

14. I do 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 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 W Clifford

Feb 6/1997

CR2E037 (9/96)