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Jun 18 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra E. Mortimer**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N39030 (4)**  
1. Corporation Name  
**CAMP FLORIDA COMMONS RECREATION ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**1525 US 27 SOUTH  
LAKE PLACID FL 33852  
US**

3. Date Incorporated or Qualified  
**07/10/1990**

4. FEI Number **65-0239968**  
Applied For ☐  
Not Applicable ☒

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERT W. CLIFFORD  
50 WINDWARD DR.  
LAKE PLACID FL 33852**

81 Name **Teresa A. Lovelette**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1525 US 27 S.**  
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 *Teresa A. Lovelette*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/98**

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CLIFFORD, ROBERT	
STREET ADDRESS	50 WINDWARD RIVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PERONTONI, RICHARD	
STREET ADDRESS	36 HIDDEN HARBOR LANE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	BRAMAN, ELWIN	
STREET ADDRESS	24 BCH FRONT LANE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP-- Director President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	R. ANTHONY COZIER	
1.3 STREET ADDRESS	241 SHORELINE DR.	
1.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
2.1 TITLE	VP -- Director Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVELYN CLOUGH	
2.3 STREET ADDRESS	22 FREEDOM WAY	
2.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
3.1 TITLE	DST -- Director Secretary/-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TERESA LOVELETTE	
3.3 STREET ADDRESS	5831 GOLDEN ROAD	
3.4 CITY-ST-ZIP	SEBRING, FL 33872	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

R. ANTHONY COZIER 4-9-98 (941) 699-1936

CR2E037 (10/97)