

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90100 001 \*\*\*122.50

DOCUMENT # N39030

1. Entity Name

CAMP FLORIDA COMMONS RECREATION ASSOCIATION, INC

Principal Place of Business

Mailing Address

1525 US 27 SOUTH  
LAKE PLACID FL 33852  
US

1525 US 27 SOUTH  
LAKE PLACID FL 33852  
US

2. Principal Place of Business

3. Mailing Address

100 Shoreline Dr

100 Shoreline Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

City & State

LAKE PLACID FL

Zip

33852

Country

US

Zip

33852

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0239968

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHULTZ, AL  
1525 US 27 S  
LAKE PLACID FL 33852-8169

Name

JOANNE SHILLING

Street Address (P.O. Box Number is Not Acceptable)

100 Shoreline Dr

City

LAKE PLACID

FL

Zip Code

33852

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	SHULTZ, AL	
STREET ADDRESS	46 HIDDEN HARBOUR LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AIRES, JACK	
STREET ADDRESS	62 BEACHFRONT LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENT, GEORGE	
STREET ADDRESS	44 OAK RIDGE CIRCLE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASSINGER, CLOYD	
STREET ADDRESS	20 FREEDOM WAY	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DONNELL, DALLAS	
STREET ADDRESS	212 SHORELINE DRIVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNE SHILLING	
STREET ADDRESS	36 SAND PINE CIRCLE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVELYN CLOUGH	
STREET ADDRESS	22 FREEDOM WAY	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMA SHEROD	
STREET ADDRESS	5 HIDDEN HARBOR LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERESA LOVELETTE	
STREET ADDRESS	38 HIDDEN HARBOR LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY SHEROD	
STREET ADDRESS	5 HIDDEN HARBOR LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02

Date

Daytime Phone #

8634656929  
8106532363

CR2E037 (9/01)