

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90190 006 ****61.25

DOCUMENT # N39030

1. Entity Name

CAMP FLORIDA COMMONS RECREATION ASSOCIATION, INC



Principal Place of Business

**100 SHORELINE DR.
LAKE PLACID FL 33852
US**

Mailing Address

**100 SHORELINE DR.
LAKE PLACID FL 33852
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**SHILLING, JOANNE
100 SHORELINE DR.
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name **Evelyn Cough**
Street Address (P.O. Box Number is Not Acceptable)
22 FREEDOM Way
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Evelyn Cough*
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | SHULTZ, AL | |
| STREET ADDRESS | 46 HIDDEN HARBOUR LANE | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | AIRES, JACK | |
| STREET ADDRESS | 62 BEACHFRONT LANE | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DENT, GEORGE | |
| STREET ADDRESS | 44 OAK RIDGE CIRCLE | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HASSINGER, CLOYD | |
| STREET ADDRESS | 20 FREEDOM WAY | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | O'DONNELL, DALLAS | |
| STREET ADDRESS | 212 SHORELINE DRIVE | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | SHILLING, JOANNE | |
| STREET ADDRESS | 36 SAND PINE CIR. | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | President-Vice | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John Lovellette | |
| STREET ADDRESS | 100 Shoreline Drive | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TERESA LOVELLETTE | |
| STREET ADDRESS | 100 Shoreline Drive | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Pat Da Silva | |
| STREET ADDRESS | 241 Shoreline Dr | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | |
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Evelyn Cough | |
| STREET ADDRESS | 22 Freedom Way | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mino Sani | |
| STREET ADDRESS | 22 Freedom Way | |
| 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: *John Lovellette* **JOHN LOVELLETTE, VP. 3/21/03 863-699-1991**

CR2E037 (10/02)