

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 20 1998 8:00am  
Secretary of State

DOCUMENT # P95000042777 (9)

1. Corporation Name

TURTLE CREEK CAMPGROUND, INC.



Principal Place of Business

10200 W. FISHBOWL DR  
HOMOSASSA FL 34448

Mailing Address

P.O. BOX 4079  
HOMOSASSA SPRINGS FL 34447-4079

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1995

4. FEI Number

59-3342857

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

2. Principal Place of Business

21 10200 W. Fishbowl Dr.  
HOMOSASSA, FL 34448

2a. Mailing Address

26 P.O. Box 4079  
HOMOSASSA SPRGS, FL 34447

City & State

23 HOMOSASSA, FL.

City & State

28 HOMOSASSA SPRGS, FL

Zip

24 34448

Country

25 USA

Zip

29 34447-4079

Country

30 USA

9. Name and Address of Current Registered Agent

RADLOFF, LINDA L  
10137 W. FISHBOWL DR  
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME RADLOFF, T A  
STREET ADDRESS 10137 W. FISHBOWL DRIVE  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE VP  
NAME RADLOFF, ERNIE  
STREET ADDRESS 49TH STREET  
CITY-ST-ZIP MARATHON FL 33050-1131

TITLE ST  
NAME RADLOFF, LINDA L  
STREET ADDRESS 10137 W. FISHBOWL DRIVE  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda L. Radloff 1-9-98 352-628-2928

CR2E034 (10/97)