

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90008 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000053982**

1. Corporation Name  
**STAY-N-PLAY RV RESORT CORP.**

Principal Place of Business  
1135 GULF OF MEXICO DR  
UNIT 402  
LONGBOAT KEY FL 34228

Mailing Address  
1135 GULF OF MEXICO DR  
UNIT 402  
LONGBOAT KEY FL 34228



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/18/1997**

4. FEI Number

**65-0763460**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **899 KNIGHTS TRAIL**

Suite, Apt. #, etc.

22 **NOKOMIS**

City & State

23 **FLORIDA**

Zip

Country

24 **34275**

25 **USA**

2a. Mailing Address

26 **899 KNIGHTS TRAIL**

Suite, Apt. #, etc.

27 **NOKOMIS**

City & State

28 **FLORIDA**

Zip

Country

29 **34275**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANKIN, LAWRENCE M**  
**2033 MAIN ST.**  
**SUITE 400**  
**SARASOTA FL 34237**

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 **PD** ☐ DELETE  
NAME **PINSKI, JAMES B**  
STREET ADDRESS **55 EAST WASHINGTON ST., STE. 3400**  
CITY-ST-ZIP **CHICAGO IL 60602**

TITLE **SD** ☐ DELETE  
NAME **BORRING, STEELE D**  
STREET ADDRESS **1701 STARLING DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VP** ☐ DELETE  
NAME **DURHAM, DOUGLAS F**  
STREET ADDRESS **899 KNIGHTS TRAIL RD.**  
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

**Douglas F. Durham**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/20/1999 (941) 485-1800**  
Daytime Phone #

CR2E034 (11/98)