

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

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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90009 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000070664

1. Corporation Name
F & A CAMPGROUND MEMBERSHIPS, INC.



Principal Place of Business 20 N ORANGE AVE. SUITE 1000 ORLANDO FL 32801-4626	Mailing Address 20 N ORANGE AVE. SUITE 1000 ORLANDO FL 32801-4626
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8700 Gulf Pines Drive Suite, Apt. #, etc. 22		2a. Mailing Address 26 433 E. Thompson Blvd. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 08/13/1998	
23 City & State Milton, Florida		28 City & State Ventura, California		4. FEI Number 59-3532903	
24 Zip 32583		29 Zip 93001-2728		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JONES, BRIAN M 20 N ORANGE AVE, SUITE 1000 ORLANDO FL 32801-4626				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JONES, BRIAN M 20 N ORANGE AVE, SUITE 1000 ORLANDO FL 32801-4626				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Richard L. Fausset, Jr.
STREET ADDRESS		1.3 STREET ADDRESS	433 E. Thompson Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ventura, CA 93001-2728
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Richard L. Fausset
STREET ADDRESS		2.3 STREET ADDRESS	433 E. Thompson Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ventura, CA 93001-2728
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Jack E. Neely
STREET ADDRESS		3.3 STREET ADDRESS	433 E. Thompson Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ventura, CA 93001-2728
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: Richard L. Fausset, Jr. Richard L. Fausset, Jr. 4/28/99 (805)643-9358
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext. 13

CR2E034 (1/98)