PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F63858**

1. Corporation Name

RESORT TITLE AGENCY, INC.

											 	BIL BIBIL B		
Principal Place of Business Mailing Address								-						
12995 CLEVELAND AVE 12995 CLEVELAND AVE														
STE 270	STE 270					}	DO NOT WRITE IN THIS SPACE							
FT. MYERS FL : US	FT. MYERS FL 33907 US					3	3. Date Incorporated or Qualifed							
00									01/20/1982					
2. Principal Pl	ace of Business	2a. Mạ	iling Addres	is			- ·		FEI Number				Ар	plied For
4950	Blue Lake Drive	26 4	950 B	lue 1	Lake	L	orive	9	59-2150721				No	t Applicable
Suite, Apt.	Suite, Apt. #, etc. 27 Suite 400						5.	Certifcate of Status	Desire	red S8.75 Additional Fee Required				
- City & State	City & State					6	Election Campaign	Financ	ina	- 7	\$5.00	May Be		
Boca	Boca Raton, FL						Trust Fund Contribution Added to Fees							
Zip 3343	Zip Country 33431 70					8. This corporation owes the current year Intangible Personal Property Tax VX(es \text{No}								
24 334-	129					Personal Property Tax. 10. Name and Address of New Registered A				<u> </u>		Пио		
	9. Name and Address of Current	Registere	d Agent	·	81	Τ.	A 1	10.	Name and Addres	S OT N	ew Kedizte	rea Age	ж	
COR	DODATION SERVICE COMPANY		•		61	Ι'	Name							
CORPORATION SERVICE COMPANY				82	1	Street Ac	Address (P.O. Box Number is Not Acceptable)							
1201 HAYS STREET														
IALL	AHASSEE FL 32301-2525				83									
					84	+	City					8	5 Zip (Code
							•					ᄔ		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	r Fiorida. S	such change	e was autr	iorizea oy	un	named co le corpora	orporation ation's bo	n submits this stater pard of directors. I h	ent for ereby a	the purpos ccept the a	e of chai ppointme	nging its ent as re	registered gistered
SIGNATURE	•													
	Signature, typed or printed name of registered agent			(NOTE: Re	gistered Age	nt s	agnature req			<u> </u>	DAT		IDECTO	DC IN 12
12.	OFFICERS AND	DIRECTO			13.			_	ADDITIONS/CHANG	ES 10	OFFICER		Change	Addition
TITLE	P		₩ DEI	EIE	1.1 TITLE			P .	o Toon			ات	Cilarige	TM vacation
NAME	COMITZ, RUTH E				1.2 NAME		- 1	_	e, Leon			α± -	400	^
STREET ADDRESS	12995 CLEVELAND AVE #270				1.3 STREE	TAL			Blue Lak			Ste	400	U
CITY-ST-ZIP	FT. MYERS FL				1.4 CITY- 9	ST-Z	ZIP I	BOCA	Raton, F	ь э	3431			
TITLE	D		□ DEI	.ETE	2.1 TITLE							لإبا	Change	☐ Addition
NAME	FERGUSON, DANNY L				2.2 NAME		1							
STREET ADDRESS	5295 TOWN CENTER RD #400				2.3 STREE	TAI			Blue Lak					
CITY-ST-ZIP	BOCA RATON FL 33486				2.4 CITY-	\$T-2	ZiP I	3oca	Raton, F	L 3	3431			
TITLE	D -	-	DEI	ETE ·	3.1 TITLE	•						· [X	Change	Addition
NAME	GRAY, NICOLAS L				3.2 NAME									
STREET ADDRESS	5295 TOWN CENTER RD STE 4	00			3.3 STREE	TA	DDRESS 4	4960	Blue Lak	e D	rive			
CITY-ST-ZIP	BOCA RATON FL 33486				3.4. CITY-	ST-Z	ZIP I	Boca	Raton, F	<u>L 3</u>	3431			
TITLE	SD		☐ DEL	.ETE	4.1 TITLE							Ş	Change	☐ Addition
NAME	RONDEAU, PATRICK E				4.2 NAME									
STREET ADDRESS	5295 TOWN CENTER RD STE 4	00			4.3 STREE	T AI	DORESS 4	1960	Blue_Lak	e D	rive			
CITY-ST-ZIP	BOCA RATON FL 33486				4.4 CITY-5		Ìτ	Boca	Raton, F	L 3	3431			
TITLE			DEI	ETE	5.1 TITLE								Change	Addition
NAME					5.2 NAME									
STREET ADDRESS					5.3 STREE	TAL	DDRESS							
					5.4 CITY-5		1		,					
CITY-ST-ZIP TITLE			☐ DEI	.ETE	6.1 TITLE				· · · · · · · · · · · · · · · · · · ·				Change	Addition
				-	6.2 NAME						-	_	-	
NAME STREET ADDRESS	· · · · · ·				6.3 STREE		DORESS							
ZIMPEL VULKOEGGI														

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 carporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if crianged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-72P

TRICKING Secretary

1/22/99

561-912-8005

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90216 016 ***150.00

Daytime Phone #