

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **G21648** (2)

95 JAN 24 PM 2:44

1. Corporation Name
PORT PARADISE RESORT AND CLUB, INC.

Principal Place of Business
1610 S.E. PARADISE CIRCLE
CRYSTAL RIVER FL 34429
US

Mailing Address
P O BOX 516
CRYSTAL RIVER FL 34423
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/04/1983** 3a. Date of Last Report **02/14/1994**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
24 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
29 Zip 30 Country

4. FEI Number **59-2382348** 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 has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JEWEL R. DICKS
1610 S.E. PARADISE CIRCLE
CRYSTAL RIVER FL 34423

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	DICKS, JAMES E.
STREET ADDRESS	1610 S.E. PARADISE CR.
CITY- ST- ZIP	CRYSTAL RIVER FL
TITLE	D
NAME	DICKS, JAMES E.
STREET ADDRESS	1610 S.E. PARADISE CR.
CITY- ST- ZIP	CRYSTAL RIVER FL
TITLE	PD
NAME	SMITH, DAVE J.
STREET ADDRESS	4148 CONWAY PL CIR
CITY- ST- ZIP	ORLANDO FL
TITLE	D
NAME	SMITH, BOB
STREET ADDRESS	219 E. HARTFORD #4
CITY- ST- ZIP	HERNANDO FL
TITLE	D
NAME	DELMORE, MARSHA
STREET ADDRESS	3728 LINKWOOD ST.
CITY- ST- ZIP	NEW PORT RICHEY FL
TITLE	STD
NAME	DICKS, JEWEL R.
STREET ADDRESS	1610 SE PARADISE CR.
CITY- ST- ZIP	CRYSTAL RIVER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Jewel R. Dicks

1/19/95

904-295-3111