

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90157 012 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # G21648
 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

| | |
|---|---|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

| | | |
|---|--|--|
| 3. Date Incorporated or Qualified 02/04/1983 | 4. FEI Number 59-2382348 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
DICKS, JAMES E
1610 SE PARADISE CIRCLE
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | VP | <input type="checkbox"/> DELETE |
| NAME | DICKS, JAMES E. | |
| STREET ADDRESS | 1610 S.E. PARADISE CR. | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DICKS, JAMES E. | |
| STREET ADDRESS | 1610 S.E. PARADISE CR. | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SMITH, DAVE J. | |
| STREET ADDRESS | 4146 CONWAY PL CIR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SMITH, BOB | |
| STREET ADDRESS | 219 E. HARTFORD #4 | |
| CITY-ST-ZIP | HERNANDO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DELIMORE, MARSHA | |
| STREET ADDRESS | 3728 LINKWOOD ST. | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CONGER, LINDA | |
| STREET ADDRESS | 1610 S.E. PARADISE CIR | |
| 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 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: *James E. Dicks, V.P.* DATE: 4/26/99 TELEPHONE: 352-795-3411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)