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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N12778**

1. Corporation Name
LOST CREEK VILLAGE AT VINES COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
Pegasus Property Management 13400 S Cleveland Ave #203 Fort Myers, FL 33907	Pegasus Property Management 13400 S Cleveland Ave #203 Fort Myers, FL 33907

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/27/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2763947 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT, IN.C
9400 GLADIOLUS DRIVE., #100
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81
82 BARBARA A. STILSON
83 C/O PEGASUS PROPERTY MGMT. INC.
13400 S. CLEVELAND AVE. # 203
84 FORT MYERS, FL 33907 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Barbara A Stilson DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	LARSON, CARL		1.2 NAME	JIM BRADEN	
STREET ADDRESS	19635 LOST CREEK DR		1.3 STREET ADDRESS	19603 LOST CREEK DRIVE	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	TD	☐ DELETE	2.1 TITLE	DST	☒ Change ☐ Addition
NAME	LAZAROFF, JIM		2.2 NAME		
STREET ADDRESS	19665 LOST CREEK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33912		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHERER, JACK		3.2 NAME		
STREET ADDRESS	19629 LOST CREEK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KLEBBA, JOHN		4.2 NAME		
STREET ADDRESS	19633 LOST CREEK DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	DAVID HARLEY	
STREET ADDRESS			5.3 STREET ADDRESS	19663 LOST CREEK DRIVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 617, 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: SIGNATURE REQUIRED 4-19-99 941-454-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C99000037-(11/98)