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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90173 019 ***150.00

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DOCUMENT # P93000068991

1. Corporation Name
HOLIDAY VILLAGE OF SANDPIPER, INC.

Principal Place of Business	Mailing Address
3500 SE MORNINGSIDE BLVD. PORT ST. LUCIE FL 34952	CLUB MED MGMT. SERVICES. INC. 40 WEST 57TH ST. NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/05/1993

2. Principal Place of Business	2a. Mailing Address
21	26 75 Valencia Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 12 th Floor
City & State 23	City & State 28 Coral Gables, Florida
Zip 24 / Country 25	Zip 29 33134 / Country 30 U.S.A.

4. FEI Number: 65-0439807 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. STE 105 TALLAHASSEE FL 32301	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 _____ 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	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	ROLL, PAUL		1.2 NAME	Nicolas Japy	
STREET ADDRESS	3500 SE MORNINGSIDE BLVD.		1.3 STREET ADDRESS	75 Valencia Avenue, 12th Floor	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		1.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	DCFO	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	AU YEONG, HOH KOON		2.2 NAME	Yves Martin	
STREET ADDRESS	3500 SE MORNINGSIDE BLVD.		2.3 STREET ADDRESS	75 Valencia Avenue, 12th Floor	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		2.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	V	☒ DELETE	3.1 TITLE	DCFO, V	☐ Change ☒ Addition
NAME	DE BORTOLI, SYLVIO		3.2 NAME	Mark Rinder	
STREET ADDRESS	3500 SE MORNINGSIDE BLVD.		3.3 STREET ADDRESS	75 Valencia Avenue, 12th Floor	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		3.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	T	☒ DELETE	4.1 TITLE	S, V	☐ Change ☒ Addition
NAME	BYSTROM, JAYNE		4.2 NAME	Eileen Kirsch	
STREET ADDRESS	3500 SE MORNINGSIDE BLVE		4.3 STREET ADDRESS	75, Valencia Avenue, 12th Floor	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		4.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	S	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	DONAT, MARSHALL		5.2 NAME	Michael Shore	
STREET ADDRESS	3500 SE MORNINGSIDE BLVD		5.3 STREET ADDRESS	75 Valencia Avenue, 12th Floor	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		5.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
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 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: Eileen Kirsch SIGNATURE REQUIRED 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EILEEN KIRSCH APRIL 30, 1999 (305) 925-9000

CR2E034 (11/98)