

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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000038385 (7)  
1. Corporation Name  
**THE VILLAGE AT INLET BEACH, INC.  
ROSEMARY BEACH LAND COMPANY**



Principal Place of Business: E. HIGHWAY 30-A, INLET BEACH FL 32413  
Mailing Address: C/O RUDNICK & WOLFE, 101 E. KENNEDY BLVD., SUITE 2000, TAMPA FL 33602-5149

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/15/1995	06/14/1996
22 City & State		27 City & State		4. FET Number	Applied For
23 Zip		28 Zip		59-3314023	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		28		<input type="checkbox"/>	<input type="checkbox"/>
26		29		6. Election Campaign Financing	\$5.00 May Be Added to Fees
27		28		Trust Fund Contribution	<input type="checkbox"/>
28		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29		30			

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, PATRICIA A	
STREET ADDRESS	529 E. SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT 84102	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BORDEN, PAUL J	
STREET ADDRESS	315 PARK AVE. SOUTH	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORNSTEIN, MARK	
STREET ADDRESS	315 PARK AVE. SOUTH	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RIEVENUE, PATRICK D	
STREET ADDRESS	E. HIGHWAY 30-A	
CITY-ST-ZIP	INLET BEACH FL 32413	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LYSS, GREGORY S	
STREET ADDRESS	315 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAKI, CORINNE	
STREET ADDRESS	315 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY 10010	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D, P RIEVENUE, PATRICK D,
4.3 STREET ADDRESS	BIEVENUE,
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400002178754
5.3 STREET ADDRESS	-05/14/97--01104--009
5.4 CITY-ST-ZIP	***165.00
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 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.

SIGNATURE: \_\_\_\_\_ DATE: 2.17.97 30425/2000  
SIGNATURE AND TITLE OF REGISTERED AGENT: PATRICK D. BIEVENUE, PRESIDENT DAYTIME PHONE # 516197

CR2E034 (9/96)