

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

PROFIT CORPORATION ANNUAL REPORT



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

FILED

99 SEP 24 AM 10:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1999 Amended DOCUMENT # P95000055743

1. Corporation Name

ST. JOHNS YACHT AND TENNIS CLUB, INC.

Principal Place of Business

Mailing Address

1101 N. Lake Destiny Dr. Suite 400 Maitland, FL 32751

000002999398---9 -09/28/99--01047--027 ****122.50 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

1 27603 SR 46

2b

Suite, Apt. #, etc.

2

27

Suite, Apt. #, etc.

3 City & State

28

City & State

3 Sorrento, FL

4 Zip

Country

29

Zip

4 32776

Country

30

Country

9. Name and Address of Current Registered Agent

Fred Delguidice 1101 N. Lake Destiny Drive Suite 400 Maitland, FL 32751

3. Date Incorporated or Qualified

07/19/1995

4. FEI Number

59-3508275

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 owes the current year Intangible Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

01 Name

William R. Lowman, Jr.

02 Street Address (P.O. Box Number is Not Acceptable)

315 E. Robinson Street

03

Suite 600

04 City

Orlando

FL

AS

Zip Code

32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 type of signature

DATE, Registered Agent signature (required when modifying)

9/23/99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE: P.S.D. NAME: Fred Delguidice STREET ADDRESS: 1101 N. Lake Destiny Dr., Ste. 400 CITY-ST-ZIP: Maitland, FL 32751

DELETE

11. TITLE: P.D. NAME: Catherine Hanson STREET ADDRESS: 27603 SR 46 CITY-ST-ZIP: Sorrento, FL 32776

Change Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DELETE

21. TITLE: D NAME: Margaret C. Cammack STREET ADDRESS: 27603 SR 46 CITY-ST-ZIP: Sorrento, FL 32776

Change Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DELETE

31. TITLE: T.D. NAME: Owen T. Cammack STREET ADDRESS: 2540 Fort Lane Rd. CITY-ST-ZIP: Geneva, FL 32732

Change Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DELETE

41. TITLE: S.D. NAME: Frances C. Nipe STREET ADDRESS: 5800 S.W. 37th Ave. CITY-ST-ZIP: Ft. Lauderdale, FL 33312

Change Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DELETE

51. TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

Change Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DELETE

61. TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information provided in 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged or on an attachment with an address, with all other persons empowered.

SIGNATURE: Catherine C. Hanson Pres.

September 23, 1999

352-383-3772