

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

FILED
May 07 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morphis Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P97000044539 (9)
 1. Corporation Name
RDC GOLF OF FLORIDA II, INC.



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|---|---|
| Principal Place of Business 364 N. SPAULDING COVE HEATHROW FL 32746 | Mailing Address 364 N. SPAULDING COVE HEATHROW FL 32746 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|--|---|
| 2. Principal Place of Business 21 99 Cherry Hill Road Suite, Apt. #, etc. 22 Suite 305 City & State 23 Parsippany, NJ Zip 24 07054 Country 25 USA | | 2a. Mailing Address 26 99 Cherry Hill Road Suite, Apt. #, etc. 27 Suite 305 City & State 28 Parsippany, NJ Zip 29 07054 Country 30 USA | | 3. Date incorporated or Qualified 05/20/1997 | 4. FEI Number <input checked="" type="checkbox"/> 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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent GRAY, N. DWAYNE JR. GREENSPOON, MARDER, HIRSCHFIELD, RAFKIN, ROSS & 135 W. CENTRAL BLVD., STE. 1100 ORLANDO FL 32801 | | | | 10. Name and Address of New Registered Agent | |
| | | | | B1 Name | |
| | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | B3 | |
| | | | | B4 City | FL B5 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|--|--|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | | 1.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCHIAVONE, CHRISTOPER R | | 1.2 NAME | Schiavone, Christopher R. | |
| STREET ADDRESS | 99 CHERRY HILL RD., STE. 305 | | 1.3 STREET ADDRESS | 99 CHERRY HILL ROAD, SUITE 305 | |
| CITY-ST-ZIP | PARSIPPANY NJ 07054 | | 1.4 CITY-ST-ZIP | PARSIPPANY, NJ 07054 | |
| TITLE | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 unchanged, or on an attachment with an address.

SIGNATURE *Christopher R. Schiavone* Christopher R. Schiavone 073 257 2020

CR2E034 (10/97)