

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:16

DOCUMENT # S04127 (4)

1. Corporation Name

LANSING RESORTS I, INC.

Principal Place of Business

515 NORTH FLAGLER DR
PAVILLION 4TH FLOOR
WEST PALM BEACH FL 33401
US

Mailing Address

515 NORTH FLAGLER DR
PAVILLION 4TH FLOOR
WEST PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/02/1990

3a. Date of Last Report

07/22/1994

4. FEI Number

58-1917498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BERKELEY RESORTS MANAGEMENT CORP.
ATTN: RICHARD J. EGGERT
3045 POLYNESIAN ISLES BLVD.
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name

JOHN R. ERBEY

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

BERKELEY FEDERAL BANK & TRUST FSB

83 515 N. FLAGLER DR., P400

84 City

WEST PALM BEACH

FL

85 Zip Code
33401

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

[Signature]
Signature of officer or director of corporation and the registered agent, if applicable

[Signature]
Signature of Registered Agent (Signature required when registering)
DATE: 3/8/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

JP
ROBERTSON, JOHN T.
515 NORTH FLAGLER DR
WEST PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
ERBEY, WILLIAM C
515 NORTH FLAGLER DR
WEST PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

CD
BROWN, RORY A
515 NORTH FLAGLER DR
WEST PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

MDS
ERBEY, JOHN R
515 NORTH FLAGLER DR
WEST PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SV
REICH, CHRISTINE A
515 NORTH FLAGLER DR
WEST PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SVT
TAYLOR, MARK B
515 NORTH FLAGLER DR
WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☒ Addition

CEO

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☒ Addition

D

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☒ Change ☐ Addition

MD/CFO

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☒ Change ☐ Addition

SVP/AS
STEPHEN C. WILHOIT
515 NORTH FLAGLER DR
WEST PALM BEACH FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-95

Date

Signature Page #