

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 15, 1999 8:00 am
Secretary of State

05-15-1999 90013 011 ***150.00

DOCUMENT # 283779 (7)
1. Corporation Name
LEISURE COLONY MANAGEMENT CORP.

Principal Place of Business Mailing Address
760 NW 107 Ave 760 NW 107 Ave
Suite 300 Suite 300
Miami, FL 33172 Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7/30/64

4. FEI Number 59-1091627 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Shelly Rubin, VP
760 NW 107 Avenue
Suite 300
Miami, FL 33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME Miller, Leonard
STREET ADDRESS 700 NW 107 Ave.
CITY-ST-ZIP Miami, FL 33172
TITLE P ☐ DELETE
NAME Krasnoff, Jeffrey P.
STREET ADDRESS 760 NW 107 Ave., Ste 300
CITY-ST-ZIP Miami, FL 33172
TITLE V ☐ DELETE
NAME Rubin, Shelly
STREET ADDRESS 760 NW 107 Ave., Ste 300
CITY-ST-ZIP Miami, FL 33172
TITLE T ☐ DELETE
NAME Jordan, Margaret
STREET ADDRESS 760 NW 107 Ave., Ste 300
CITY-ST-ZIP Miami, FL 33172
TITLE AS ☐ DELETE
NAME Arnett, Peta-Gay
STREET ADDRESS 760 NW 107 Ave., Ste 300
CITY-ST-ZIP Miami, FL 33172
TITLE CEO ☐ DELETE
NAME Saiontz, Steven J.
STREET ADDRESS 760 NW 107 Ave., Ste 314
CITY-ST-ZIP Miami, FL 33172

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Margaret Jordan
Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 305/485-2000
Date Daytime Phone #

CR2E034 (1/98)