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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 303530

(0)

THE VILLAGE BY THE SEA, INC.

**FILED** Mar 03 1998 8:00am Secretary of State

|   |                             |                  |   | •                   |               | 1,0000 1111 0114 0114 0110 1111 0011 00  |
|---|-----------------------------|------------------|---|---------------------|---------------|--|
| Principal Plac  | e of Business               | Mailing Ad       | ldress  |                     |               | i does on titt detad stildt diene stikt dats offit diett dien biet detti bleit bedt                    |
| 200 E. LAS OLAS BLVD., STE 1800 200 E. LAS OL   |                             |                  | IICHAEL BRINKLE<br>S OLAS BLVD., S<br>IDERDALE FL 333 | LAS BLVD., STE 1800 |               | DO NOT WRITE IN THIS SPACE   |
|   |                             |                  |   |                     |               | 3. Date Incorporated or Qualified 03/28/1966   |
| 1 " '   | lace of Business            | 2a. Mailing      | Address   |                     |               | 4, FEI Number Applied For  |
| 21  |                             | 26               |   |                     |               | NOT APPLICABLE Not Applicable  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27  |                             |                  | Apt. #, etc.  |                     |               | 5. Certificate of Status Desired S8.75 Additional Fee Required   |
| City & State City & State   |                             |                  |   |                     |               | 6. Election Campaign Financing \$5.00 May Be   |
| 23  |                             | 28               |   |                     |               | Trust Fund Contribution Added to Fees  |
| Zip   | Country                     | Zip              |   | Country             | ,             | 8. This corporation owes or has paid the current year Intangible                                       |
| 24  | 25                          | 29               | [3  | 30                  |               | Personal Property Tax due June 30. 🔲 Yes 🛣 No  |
|   | 9. Name and Address of Curr | ent Registered A | gent  |                     |               | 10. Name and Address of New Registered Agent   |
| MC  | NERNEY, MICHAEL J.          |                  |   | 81                  | Name          |  |
| 200 E. LAS OLAS BLVD.<br>SUITE 1800   |                             |                  |   | 82                  | Street #      | Address (P.O. Box Number is Not Acceptable)  |
|   | LAUDERDALE FL 33301         |                  |   | 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. |                             |                  |   |                     |               |  |
| 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 applicative. (NOTE: Registered Agent  |                             |                  |   |                     | ent signature | e required when reinstating) DATE  |
| 12.   |                             | ND DIRECTORS     |   | 13.                 |               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | SPD                         |                  | DELETE  | 1.1 TITLE           | ŀ             | ☐ Change ☐ Addition  |
| NAME  | BRINKLEY, W. MICHAEL        |                  |   | 1.2 NAME            |               |  |
| Street Address  | 200 E. LAS OLAS BV.#1800    | )                |   | 1.3 STREET          | ADDRESS       |  |
| CITY-ST-ZIP   | FT. LAUDERDALE FL           |                  |   | 1.4 CITY - S        | T-ZIP         |  |
| TITLE   |                             |                  | ☐ DELET <b>E</b>                                      | 2.1 TITLE           |               | ☐ Change ☐ Addition  |
| NAME  |                             |                  |   | 2.2 NAME            | - 1           |  |
| STREET ADDRESS  |                             |                  |   | 2.3 STREET          | ADDRESS       |  |
| CITY-ST-ZIP   |                             |                  |   | 2. 4 CITY-          | ST-ZIP        |  |
| TITLE   |                             |                  | DELETE  | 3.1 TITLE           |               | ☐ Change ☐ Addition  |
| NAME  |                             |                  |   | 3.2 NAME            |               |  |
| STREET ADDRESS  |                             |                  |   | 3.3 STREET          | address       |  |
| CITY-ST-ZIP   |                             |                  |   | 3.4. CITY - S       | ST-ZIP        |  |
| TITLE   |                             |                  | DELETE  | 4.1 TITLE           |               | ☐ Change ☐ Addition  |
| NAME  |                             |                  |   | 4. 2 NAME           |               |  |
| STREET ADDRESS  |                             |                  |   | 4.3 STREET          | ADDRESS       |  |
| CITY-ST-ZIP   |                             |                  |   | 4.4 CITY-S          | T-ZIP         |  |
| TITLE   |                             |                  | DELETE  | 5.1 TITLE           | Ì             | ☐ Change ☐ Addition  |
| NAME  |                             |                  |   | 5.2 NAME            |               |  |
| STREET ADDRESS  |                             |                  |   | 5.3 STREET          | ADDRESS       |  |
| CITY-ST-ZIP   |                             |                  |   | 5.4 CITY-S          | - 1           |  |
| TITLE   |                             |                  | DELETE  | 6.1 TITLE           |               | Change Addition  |
| NAME  |                             | ·                |   | 6.2 NAME            | 1             |  |
| STREET ADDRESS  |                             |                  |   | 6.3 STREET          | ADDRESS       |  |
| CITY-ST-ZIP   |                             |                  |   | 6.4 CITY-S          |               |  |
| 0111-01-247   |                             |                  |   | 0.4 CHT-5           | 1-211         | dis Continue (40 07/0V). Florida Otentra I fault an estitute de la |

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.

Smile Oce CHILL

2/2/02