FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JAN 25 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 349523 (1)

1. Corporation Name
ARVEE DONA BAY INC

Principal Place of Business	Mailing Address
C/O ROYAL COACHMEN RESORT 1070 LAUREL RD. E. NOKOMIS FL 34275	C/O ROYAL COACHMEN RESORT 1070 LAUREL RD. E. NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1969
3a. Date of Last Report: 02/16/1994

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

4. FEI Number: 59-1267780 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LEVINE, LESTER I.
1070 E LAUREL RD
LAUREL FL 34275

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	PDC	☑ Change ☐ Addition
NAME	LEVINE, LESTER I	1.2 NAME	LEVINE, LESTER I	
STREET ADDRESS	545 SANCTUARY DR., PHA	1.3 STREET ADDRESS	545 SANCTUARY DR., PHA	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	LONG BOAT KEY FL.	
TITLE	SD	2.1 TITLE	D	☐ Change ☑ Addition
NAME	LEVINE, NANCY	2.2 NAME	JILL LITMAN	
STREET ADDRESS	545 SANCTUARY DR., PHA	2.3 STREET ADDRESS	103 Ferry Lane	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	Barrington, R.I. 02806	
TITLE	VT	3.1 TITLE	D	☐ Change ☑ Addition
NAME	LEVINE, NANCY	3.2 NAME	AIMEE LEVINE DICKHAN	
STREET ADDRESS	545 SANCTUARY DR., PHA	3.3 STREET ADDRESS	1122 6th St. #202	
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	Santa Monica, Calif. 90403	
TITLE		4.1 TITLE	VD	☐ Change ☑ Addition
NAME		4.2 NAME	MICHAEL D. LEVINE	
STREET ADDRESS		4.3 STREET ADDRESS	1109 Delacroix Circle	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Nokomis, Fl. 34275	
TITLE		5.1 TITLE	VD	☐ Change ☑ Addition
NAME		5.2 NAME	BRIAN M. LEVINE	
STREET ADDRESS		5.3 STREET ADDRESS	637 N. Michigan Dr.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Venice, Fl. 34293	
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	LISA LEE LEVINE	
STREET ADDRESS		6.3 STREET ADDRESS	118 Arbor Ridge Dr.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Antioch, Tn. 37013	
	887 1/30			

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 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 added by an attachment with an address.

SIGNATURE: LESTER I. LEVINE 1/15/95 813 488 9674
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (By) Daytime Phone #

0350200 CP