

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

07/14/1969

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

Country

29

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

LESTER I LEVINE

(Typed or printed name of registered agent and title, if applicable)

(Typed or printed name of officer or director required when reinstating)

6/4/95
(Date)

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE
NAME LEVINE, LESTER I
STREET ADDRESS 545 SANCTUARY DR., PHA
CITY-ST-ZIP LONG BOAT KEY FL

TITLE VTSD ☐ DELETE
NAME LEVINE, NANCY
STREET ADDRESS 545 SANCTUARY DR., PHA
CITY-ST-ZIP LONGBOAT KEY FL

TITLE D ☐ DELETE
NAME DICKMAN, AIMEE L
STREET ADDRESS 1122 6TH ST., #202
CITY-ST-ZIP SANTA MONICA CA 90403

TITLE VD ☐ DELETE
NAME LEVINE, MICHAEL D
STREET ADDRESS 1109 DELACROIX CIRCLE
CITY-ST-ZIP NOKOMIS FL 34275

TITLE VD ☐ DELETE
NAME LEVINE, BRIAN M
STREET ADDRESS 639 N MICHIGAN DR
CITY-ST-ZIP VENICE FL 34293

TITLE D ☐ DELETE
NAME LEVINE, LISA L
STREET ADDRESS 118 ARBOR RIDGE DR
CITY-ST-ZIP ANTIOCH TN 37013

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

429 GREEN OAK RD
VENICE, FL 34293

10993 BLUESIDE DR
SUDBURY CA 91604

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/95 MICHAEL D. LEVINE 488-9074
Date Signature #

CR2E034 (3/96)