

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 349523 (1)

1. Corporation Name
ARVEE DONA BAY, INC.

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

Mailing Address
C/O ROYAL COACHMEN RESORT
1070 LAUREL RD. E.
NOKOMIS FL 34275-4508



3. Date Incorporated or Qualified 07/14/1989
3a. Date of Last Report 06/18/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1267780	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, LESTER I	1.2 NAME	
STREET ADDRESS	545 SANCTUARY DR., PHA	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	VTSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, NANCY	2.2 NAME	
STREET ADDRESS	545 SANCTUARY DR., PHA	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKMAN, AIMEE L	3.2 NAME	
STREET ADDRESS	1122 6TH ST., #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90403	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MICHAEL D	4.2 NAME	
STREET ADDRESS	429 GLEN OAK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, BRIAN M	5.2 NAME	
STREET ADDRESS	639 N MICHIGAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34283	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, LISA L	6.2 NAME	
STREET ADDRESS	10993 BLUFFSIDE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUDIO CITY CA	6.4 CITY-ST-ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Levine
1/21/97 941-488-9674

Date

Daytime Phone #

0432088

CR2E034 (9/96)