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

NAME

STREET ADDRESS

SIGNATURE:

May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 537302 THE DUNES GOLF AND COUNTRY CLUB, INC. Principal Place of Business Mailing Address 12000 UNIVERSITY DRIVE 12000 UNIVERSITY DRIVE **SUITE 350** SUITE 350 FT. MYERS FL 33907 DO NOT WRITE IN THIS SPACE FT. MYERS FL 33907 3. Date Incorporated or Qualified 06/15/1977 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 59-1751352 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Nama KRICHBAUM, RICHARD E % SOUTH SEAS PROPERTIES COMPANY Street Address (P.O. Box Number is Not Acceptable) 12800 UNIVERSITY DRIVE, SUITE 350 63 FORT MYERS FL 33907 84 City 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 charge 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ☐ Change ☐ Addition TITLE 1 1 TITLE KRICHBAUM, RICHARD E. 1.2 NAME NAME 12800 UNIVERSITY DR., STE. 350 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE GARAVUSO, BRIAN NAME 2.2 NAME 12800 UNI. DR.#350 STREET ADDRESS 2.3 STREET ADDRESS SANIBEL FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE 3 1 TITLE TITLE TAYLOR, ROBERT M. 3.2 NAME MAME 12800 UNIVERSITY DR., STE. 350 3 3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE SILER, SCOTT G. NAME 4. 2 NAME 12800 UNIVERSITY DR., STE 350 4.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

FILED

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 operation or the receivor or trusted 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.