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 APR -7 AM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 606202 (0)

1. Corporation Name
WYNDEMERE GOLF AND COUNTRY CLUB, INC.

Principal Place of Business
~~3000 LIVINGSTON RD.~~
NAPLES FL 33999-4208

Mailing Address
~~3000 LIVINGSTON RD.~~
NAPLES FL 33999-4208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 98 Wyndemere Way
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 98 Wyndemere Way
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/04/1979
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1878976 — 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

MALONEY, THOMAS E
C/O QUARRELS & BRADY
4501 TAMIAMI TR. N.
NAPLES FL 33940-0060

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 ________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☒ Change ☐ Addition
NAME	VIGGIANI, A.J.	12 NAME	
STREET ADDRESS	~~3000 LIVINGSTON RD.~~	13 STREET ADDRESS	98 Wyndemere Way
CITY ST ZIP	NAPLES, FL 00000	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	MUSIELLO, FRANK	22 NAME	
STREET ADDRESS	~~3000 LIVINGSTON RD.~~	23 STREET ADDRESS	98 Wyndemere Way
CITY ST ZIP	NAPLES, FL 00000	24 CITY ST ZIP	
TITLE	~~G~~	31 TITLE	S ☒ Change ☐ Addition
NAME	~~BRANNING, CHERIE~~	32 NAME	LAURA MURPHY
STREET ADDRESS	~~3000 LIVINGSTON RD.~~	33 STREET ADDRESS	98 Wyndemere Way
CITY ST ZIP	~~NAPLES, FL 00000~~	34 CITY ST ZIP	Naples, FL 33999
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 on an attachment with an address.

SIGNATURE: [signature] 3/31/95 813-434-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
A. J. VIGGIANI, PRESIDENT

0332487 CP