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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718507

1. Corporation Name

ATLANTIS GOLF CLUB, INC.

Principal Place of Business	Mailing Address
301 ORANGE TREE DRIVE ATLANTIS FL 33462	301 ORANGE TREE DRIVE ATLANTIS FL 33462

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/14/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1361946 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ANTON, SID
492 SOUTH COUNTRY CLUB DRIVE
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name: Stedem, Dan
82 Street Address (P.O. Box Number is Not Acceptable): 221 Palm Circle
83 Atlantis, FL 33462
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 4/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DT	☐ Change ☒ Addition
NAME	PATRICIA MCNALLY		1.2 NAME	Otis Brown	
STREET ADDRESS	434 PINE VILLA		1.3 STREET ADDRESS	355 Glenbrook Dr.	
CITY-ST-ZIP	ATLANTIC FL		1.4 CITY-ST-ZIP	Atlantis, FL 33462	
TITLE	DS	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MORRIS, RAY		2.2 NAME	Michael Dahlgren	
STREET ADDRESS	181 ORANGE TREE DR.		2.3 STREET ADDRESS	250 J.F.K. Dr.	
CITY-ST-ZIP	OCEAN RDIGE FL		2.4 CITY-ST-ZIP	Atlantis, FL 33462	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SID ANTON		3.2 NAME		
STREET ADDRESS	492 SOUTH COUNTRY CLUB DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	STEDEM, DAN		4.2 NAME		
STREET ADDRESS	169 ATLANTIS BLVD., #104		4.3 STREET ADDRESS	221 Palm Circle	
CITY-ST-ZIP	ATLANTIS FL		4.4 CITY-ST-ZIP	Atlantis, FL 33462	
TITLE	D	☒ DELETE	5.1 TITLE	d	☐ Change ☒ Addition
NAME	BENNETT, ALLAN F		5.2 NAME	Richard Rost	
STREET ADDRESS	126 DRIFTWOOD CIRCLE		5.3 STREET ADDRESS	447 Pine Villa Dr.	
CITY-ST-ZIP	ATLANTIS FL		5.4 CITY-ST-ZIP	Atlantis, FL 33462	
TITLE	DT	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SNYDER, MAX		6.2 NAME	Barbara Dicks	
STREET ADDRESS	122 DRIFTWOOD CIRCLE		6.3 STREET ADDRESS	628 Cypress Key Dr.	
CITY-ST-ZIP	ATLANTIS FL		6.4 CITY-ST-ZIP	Atlantis, FL 33462	

CR2E037 (1/98)

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 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, with all other like empowered.

SIGNATURE: [signature] **SIGNATURE REQUIRED** 4/15/99 (561) 966-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DANIEL E. STEDEM