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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **754530**

1. Corporation Name

'TIGUA CAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4834 E GULF DR C/O BECKY JONES SANIBEL FL 33957 US	HERITAGE RESORTS MANAGEMENT. INC. 1200 PERIWINKLE WAY. SUITE 2 SANIBEL ISLAND FL 33957 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 c/o Heritage Resorts Mgmt, Inc.	26	10/08/1980
22 Suite, Apt. #, etc. 1200 Periwinkle Way, Suite 2	27 Suite, Apt. #, etc.	4. FEI Number 59-2305533 ☐ Applied For ☐ Not Applicable
23 City & State Sanibel, FL	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 33957 25 Country USA	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, BECKY A 413 E GULF DR SANIBEL FL 33957	81 Name Peter Stilphen - Heritage Resorts Mgmt, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 1200 Periwinkle Way 83 Suite 2 84 City Sanibel FL 85 Zip Code 33957

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 Peter A Stilphen PETER A STILPHEN 2/11/99
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	TD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHIARO, JOHN		1.2 NAME		
STREET ADDRESS	3532 OAK HILL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KING, RAYMOND		2.2 NAME		
STREET ADDRESS	487 E GULF DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAYER, FRANK		3.2 NAME		
STREET ADDRESS	485 EAST GULF DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, BECKY		4.2 NAME		
STREET ADDRESS	483 E. GULF DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME			5.2 NAME	GEORGE NORTON	
STREET ADDRESS			5.3 STREET ADDRESS	489 EAST GULF DRIVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 REQUIRED 3/22/99 9414725585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C:R2F037--(11/98)