

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90148 012 \*\*\*150.00

DOCUMENT # 829764

1. Corporation Name

GOLF HOST RESORTS, INC.

Principal Place of Business

40292 US HWY 550 NORTH  
DURANGO CO 81301  
US

Mailing Address

PO BOX 3131  
DURANGO CO 81302-3131  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1973

4. FEI Number

84-0631130

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PS

☐ DELETE

NAME

KLEEMAN, MERRICK R

STREET ADDRESS

THREE PICKWICK PLAZA SUITE 250

CITY-ST-ZIP

GREENWICH CT 06830

TITLE

SVP

☐ DELETE

NAME

ROSENTHAL, JEFFREY R

STREET ADDRESS

THREE PICKWICK PLAZA SUITE 250

CITY-ST-ZIP

GREENWICH CT 06830

TITLE

SVP

☐ DELETE

NAME

SILVEY, JEROME C

STREET ADDRESS

THREE PICKWICK PLAZA SUITE 250

CITY-ST-ZIP

GREENWICH CT 06830

TITLE

VPT

☐ DELETE

NAME

AKIN, RICHARD

STREET ADDRESS

36750 US HWY 19 NORTH

CITY-ST-ZIP

PALM HARBOR FL 34684

TITLE

T

☐ DELETE

NAME

AKIN, RICHARD L.

STREET ADDRESS

2360 HIDDEN LAKE DR.

CITY-ST-ZIP

PALM HARBOR FL

TITLE

VICE PRESIDENT

☐ DELETE

NAME

John F. Couture

STREET ADDRESS

THREE PICKWICK PLAZA SUITE 250

CITY-ST-ZIP

GREENWICH CT 06830

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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 RETURNED C Silvey

4/8/99

(203) 861-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)