



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 829764 1. Entity Name GOLF HOST RESORTS, INC.	
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Principal Place of Business 36750 US HWY 19 N PALM HARBOR, FL 34684 US	Mailing Address 36750 US HWY 19 N PALM HARBOR, FL 34684 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 84-0631130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KLEEMAN, MERRICK R 591 W PUTNAM AVE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DISHNER, JEFFREY 591 W. PUTNAM AVE GREENWICH, CT. 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SILVEY, JEROME C 591 W PUTNAM AVE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILT, KEITH R 36750 US HWY 19, N PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILT, KEITH R 36750 US HWY 19, N PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEIMER, ROBERT 320 INTERSTATE NORTH HIGHWAY SUITE 220 ATLANTA, GA 30339

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Executive Vice President** **1/12/05**

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