

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847994 (1)
1. Corporation Name
DRIFTWOOD BEACH CLUB, INC.

Principal Place of Business
610 W. RIO RD.
P.O. BOX 6006
CHARLOTTESVILLE VA 22906

Mailing Address
610 W. RIO RD.
P.O. BOX 6006
CHARLOTTESVILLE VA 22906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

01/20/1981

4. FEI Number

54-1158081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENSPOON & MARDER, P.A.
6700 N. ANDREWS AVENUE
SUITE 400
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name Rebecca A. Foster
82 Street Address (P.O. Box Number is Not Acceptable)
3015 N. Ocean Blvd
83 Suite 121
84 City Ft Lauderdale FL 85 Zip Code 33308

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]

Rebecca A. Foster, President

4/27/98

Signature, typed or printed name of registered agent and date of registration

(NOT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
S	HAMMER, JOANN P	300 WELLINGTON DR.	CHARLOTTESVILLE VA	<input checked="" type="checkbox"/>
VPS	BASHAM, BARNEY W.	WENDOVER DR, WEST LEIGH	CHARLOTTESVILLE VA	<input checked="" type="checkbox"/>
POT	HAMMER, C D	300 WELLINGTON DRIVE	CHARLOTTESVILLE VA	<input checked="" type="checkbox"/>
VSD	FAULCONER, JAMES W, JR.	2840 MEADOW VISTA DRIVE	CHARLOTTESVILLE VA	<input checked="" type="checkbox"/>
S	BURCH, DON E	829 LOCUST AVE	CHARLOTTESVILLE VA	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DPS	Foster, Rebecca A.	3015 N. Ocean Blvd #121	Ft. Lauderdale, FLA 33308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVPT	Landau, Marc	3015 N. Ocean Blvd #121	Ft Lauderdale, FLA 33308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE

[Signature]
President

4/27/98

CR2E034 (10/97)