

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 26 AM 10:35

1. Name of Limited Partnership

**1a. DOCUMENT #
A94000001273**

CUTTER SOUND DEVELOPMENT, LTD.

Mailing Address

**255 SOUTH ORANGE AVENUE
SUITE 1515
ORLANDO FL 32801**

Principal Office Address

**255 SOUTH ORANGE AVENUE
SUITE 1515
ORLANDO FL 32801**

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

09/20/1994

3a. Date of Last Report

12/20/1996

4. State or Country of Formation

FL

6. FEI Number

65-0520141

5a. Capital Contributions as Shown on record

\$4,078,086.45

5b. Amount of Capital Contributions in FL ORIDA to date:

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

8. Make check payable to: Dept of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**STANCHINA, WARREN J
255 SOUTH ORANGE AVENUE, SUITE 1515
ORLANDO FL 32801**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Allowed)

Suite, Apt. #, etc.

City

6500002395736-2

01/09/98 01063-025

******541.25 ****541.25**

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

U. S. GOLF (CUTTER SOUND), I

255 SOUTH ORANGE AVEN

ORLANDO FL 32801

P94000068989

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

M. L. Stanchina Secretary

Daytime Telephone Number

DATE

**12/22/97
407 245 7537**

CR25003 (6/97)