

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
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

98 APR 22 PM 3:15

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000002011

ELITE RESORTS AT SALT SPRINGS, LTD.



Mailing Address

P.O. BOX 5489  
SALT SPRINGS FL 32134

Principal Office Address

25250 EAST HIGHWAY 316  
SALT SPRINGS FL 32134

3. Date Formed or Registered

09/17/1997

5a. Capital Contributions as  
Shown on record.

\$7,500.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

2a. Principal Office Address

P.O. BOX 5489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SALT SPRINGS FL

Zip

Country

Zip

Country

32134

4. State or Country of Formation

FL

6. FEI Number

59-3482352

☐ 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

WEST, BRADFORD D ESQUIRE  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

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

000002502650--1

Suite, Apt. #, etc.

-04/28/98--01053--011

City

\*\*\*\*\*88.75 \*\*\*\*\*88.75

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

ELITE RESORTS AT SALT SPRING, INC.

25250 EAST HIGHWAY 31

SALT SPRINGS FL 32134

P97000080355

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\*\*\*\*\*52.50 \*\*\*\*\*52.50

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

*[Signature]*  
Elite Resorts at Salt Springs, Inc. General Partner

DATE

7/1/98

CR2E003 (12/97)