

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000086 (0)

1. Corporation Name

ARGOSY GRAND BEACH, INC.



Principal Place of Business

2934 WOODSIDE ROAD
WOODSIDE CA 94062

Mailing Address

P.O. BOX 2286X
LAKE BUENA VISTA FL 32836
US

3. Date Incorporated or Qualified
11/03/1992

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

26 12016 Turtle Cay Circle

4. FEI Number
94-3167317

Applied For
Not Applicable

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

28 Orlando, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

29 32836

30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIANNONI, GENEVIEVE
CYPRESS POINTE RESORT
8651-TREASURE CAY LANE
LAKE BUENA VISTA FL 32836

81 Name

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

12016 Turtle Cay Lane

83

84 City
Orlando,

FL

85 Zip Code
32836

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 GENEVIEVE GIANNONI

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTCO ☐ DELETE

NAME GESSOW, ANDREW J
STREET ADDRESS 2934 WOODSIDE ROAD
CITY-ST-ZIP WOODSIDE CA 94062

TITLE VASD ☒ DELETE

NAME ALFREY, HERBERT T
STREET ADDRESS 8140 WANNIST AVE SW
CITY-ST-ZIP GRANDVILLE MI

TITLE S ☐ DELETE

NAME DUNCAN, PATRICIA A
STREET ADDRESS 2934 WOODSIDE ROAD
CITY-ST-ZIP WOODSIDE CA

TITLE VPAS ☐ DELETE

NAME GENEVIEVE, GIANNONI
STREET ADDRESS 8651-TREASURE CAY LANE
CITY-ST-ZIP ORLANDO FL

TITLE VPT ☐ DELETE

NAME FREY, CHARLES C
STREET ADDRESS 8651-TREASURE CAY LANE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

PD- ☒ Change ☐ Addition

Alfrey, Herbert T

Grand Plaza Place

220 Lyon NW Ste 400

Grand Rapids, MI 49503

S ☒ Change ☐ Addition

Anna M. DiRocco

12016 Turtle Cay Circle

Orlando, Florida 32836

12016 Turtle Cay Lane

Orlando, Florida 32836

12016 Turtle Cay Circle

Orlando, Florida 32836

900001748469

-03/19/96--01024--028

***200.00

14. 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 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: Genevieve Giannoni 9/4/96 (407) 238-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

203-12