

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 17 PM 2:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F93000005952 (7)

1. Corporation Name

KSL FLORIDA HOLDINGS, INC.

Principal Place of Business

**56-140 PGA WEST BLVD
LA QUINTA CA 92253**

Mailing Address

**56-140 PGA WEST BLVD
LA QUINTA CA 92253**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/30/1993

3a. Date of Last Report

06/10/1994

4. FEI Number

33-0591436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131**

81 Name

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

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CPS

NAME

SHANNON, MICHAEL S

STREET ADDRESS

56-140 PGA WEST BLVD

CITY - ST - ZIP

LA QUINTA CA

TITLE

VTD

NAME

UCHLITER, LARRY E

STREET ADDRESS

56-140 PGA WEST BLVD

CITY - ST - ZIP

LA QUINTA CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

DP

☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

V

**HANS TURNOVSZKY
4400 N.W. 87th Avenue
Miami, FL 33178**

☐ Change ☒ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

V

**RONALD A. ADELHELM
4400 N.W. 87th Avenue
Miami, FL 33178**

☐ Change ☒ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

V

**Robert C. Frame
56-140 PGA Boulevard
La Quinta, CA 92253**

☐ Change ☒ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

S

**NOLA S. DYAL
56-140 PGA Boulevard
La Quinta, CA 92253**

☐ Change ☒ Addition

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 110.07(3)(b), 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 power or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13, or if changed, also in addition with an address.

SIGNATURE:

Larry E. Lichliter

Larry E. Lichliter 2/1/95 (619) 564-1088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)