

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 # F94000005132 (5)

1. Corporation Name

PATTEN RESORTS, INC.



Principal Place of Business

Mailing Address

**5295 TOWN CENTER ROAD, SUITE 400
BOCA RATON FL 33486**

**5295 TOWN CENTER ROAD, SUITE 400
BOCA RATON FL 33486**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

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 beneficial owner

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**CPS
RONDEAU, PATRICK E
5295 TOWN CENTER ROAD
BOCA RATON FL 33486**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**CT
MURRAY, ALAN L
5295 TOWN CENTER ROAD
BOCA RATON FL 33486**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DV
KOSCHER, DANIEL C
5295 TOWN CENTER ROAD
BOCA RATON FL 33486**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V
GOODING, PETER M.
5295 TOWN CENTER ROAD
BOCA RATON FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V
GORMAN, JOANNE
5295 TOWN CENTER ROAD
BOCA RATON FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V
GORMAN, JOANNE
5295 TOWN CENTER ROAD
BOCA RATON FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**CPSD
RONDEAU, PATRICK E
5295 TOWN CENTER ROAD
BOCA RATON, FL 33486**

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**CTD
MURRAY, ALAN L
5295 TOWN CENTER ROAD
BOCA RATON FL 33486**

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

**V
GRAY, L. NICOLAS
5295 TOWN CENTER ROAD
BOCA RATON, FL 33486**

☐ Change ☒ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK E. RONDEAU

1/19/96

407-361-2705

Date

Daytime Phone #

CR2E034 (12/95)