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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000003469 (2)**

1. Corporation Name
AKGI-SINT MAARTEN N.V.

Principal Place of Business
% ARGOSY/KOAR GROUP, INC.
AIRPORT ROAD, SIMPSON BAY
ST MAARTEN FL

Mailing Address
Signature Resorts, Inc.
% [illegible]
12016 TURTLE CAY CIRCLE
ORLANDO FL 32836-6423

3. Date Incorporated or Qualified	3a. Date of Last Report
07/19/1995	03/18/1996

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

4. FEI Number: 59-3324734 ☐ 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

9. Name and Address of Current Registered Agent

[illegible]
12016 TURTLE CAY CIRCLE
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name: Anna M. DiRocco
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: Anna M. DiRocco — Anna M. DiRocco — DATE
Signature, type and printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AK-ST. MAARTEN, LLC		1.2 NAME		
STREET ADDRESS	52 BUSH RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILIPSBURG, ST. MAARTEN NV		1.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KANEKO, OSAMU		2.2 NAME		
STREET ADDRESS	911 WILSHIRE BLVD, SUITE 2150		2.3 STREET ADDRESS	5933 W. Century Blvd., Suite 210	
CITY-ST-ZIP	LOS ANGELES CA 90017		2.4 CITY-ST-ZIP	Los Angeles, CA 90045	
TITLE	M	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KENNINGER, STEVEN C		3.2 NAME		
STREET ADDRESS	911 WILSHIRE BLVD, SUITE 2150		3.3 STREET ADDRESS	5933 W. Century Blvd., Suite 210	
CITY-ST-ZIP	LOS ANGELES CA 90017		3.4 CITY-ST-ZIP	Los Angeles, CA 90045	
TITLE	M	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GESSOW, ANDREW J		4.2 NAME		
STREET ADDRESS	2934 WOODSIDE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WOODSIDE CA 94062		4.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FREY, CHARLES C		5.2 NAME		
STREET ADDRESS	12016 TURTLE CAY CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32836		5.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, ANN S		6.2 NAME		
STREET ADDRESS	12016 TURTLE CAY CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32836		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles C. Frey — Charles C. Frey — 2/10/97 — (407) 238-2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005423