FILE NOW. FILING FEE AFTER MAY 1ST IS $550.00

♥ PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003469

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

[redacted]

Principal Place of Business	Mailing Address
~~AKGI-SINT MAARTEN N.V.~~	Sunterra Corporation
AIRPORT ROAD, SIMPSON BAY	1781 PARK CENTER DR.
ST MAARTEN FL	ORLANDO FL 32835
	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1995
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 owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~ANNA M DIROCCO~~
~~1781 PARK CENTER DR.~~
~~ORLANDO FL 32835~~

10. Name and Address of New Registered Agent

31 Name: CT Corporation System
32 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
33
34 City: Plantation — FL — 35 Zip Code: 33324

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: Barbara A Burke — BARBARA A. BURKE, SPECIAL ASSISTANT SECRETARY — 5-4-99
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changing agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	AK-ST. MAARTEN, LLC		12 NAME	L. Steven Miller	
STREET ADDRESS	52 BUSH RD		13 STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	PHILIPSBURG, ST. MAARTEN NV		14 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	M	☒ DELETE	21 TITLE	T	☒ Change ☐ Addition
NAME	KANEKO, OSAMU		22 NAME	Richard Goodman	
STREET ADDRESS	5933 W CENTURY BLVD STE 210		23 STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	LOS ANGELES CA		24 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	M	☒ DELETE	31 TITLE	S	☒ Change ☐ Addition
NAME	KENNINGER, STEVEN C		32 NAME	Thomas A. Bell	
STREET ADDRESS	5933 W CENTURY BLVD STE 210		33 STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	LOS ANGELES CA		34 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	M	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	GESSOW, ANDREW J		42 NAME		
STREET ADDRESS	2934 WOODSIDE RD		43 STREET ADDRESS		
CITY-ST-ZIP	WOODSIDE CA 94062		44 CITY-ST-ZIP		
TITLE	MD	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	FREY, CHARLES C		52 NAME		
STREET ADDRESS	1781 PARK CENTER DR.		53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		54 CITY-ST-ZIP		
TITLE	MD	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	COHEN, ANN S		62 NAME		
STREET ADDRESS	1781 PARK CENTER DR.		63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		64 CITY-ST-ZIP		

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14. I 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, with all other like empowered.

Thomas A. Bell

SIGNATURE: Thomas A. Bell — 2/16/99 — 532-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #