

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91297 039 ***150.00

0621234 AT

DOCUMENT # **F98000003684** ✓

1. Entity Name
HMC NAPLES GOLF, INC.



Principal Place of Business
**10400 FERNWOOD ROAD
SUITE 500
BETHESDA MD 20817-1109**

Mailing Address
**10400 FERNWOOD ROAD
SUITE 500, DEPT. 72/923
BETHESDA MD 20817-1109**

2. Principal Place of Business
6903 Rockledge Drive

3. Mailing Address
6903 Rockledge Drive

Suite, Apt. #, etc.
1500

Suite, Apt. #, etc.
1500

City & State
Bethesda, Maryland

City & State
Bethesda, Maryland

4. FEI Number **52-2126154**

Applied For
Not Applicable

Zip
20817-1818

Country
USA

Zip
20817-1818

Country
USA

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARSONS, ROBERT E JR 10400 FERNWOOD ROAD, DEPT. 923 BETHESDA MD 20817	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTER, W. EDWARD 10400 FERNWOOD RD BETHESDA MD 20817-1109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT WALLACE, SUSAN E 10400 FERWOOD RD BETHESDA MD 20817-1109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS OLINGER, DONALD D 10400 FERNWOOD ROAD BETHESDA MD 20817-1109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President WALTER, W. EDWARD 6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan E Wallace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 (240) 744-1000
Date Daytime Phone #

CR2E034 (10/02)