

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

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|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # G21648 (2)

1. Corporation Name

PORT PARADISE RESORT AND CLUB, INC.

Principal Place of Business

Mailing Address

1610 S.E. PARADISE CIRCLE
CRYSTAL RIVER FL 34429
US

P O BOX 516
CRYSTAL RIVER FL 34423
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1983

4. FEI Number

59-2382348

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

DICKS, JAMES E
1610 SE PARADISE CIRCLE
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME DICKS, JAMES E.
STREET ADDRESS 1610 S.E. PARADISE CR.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE D
NAME DICKS, JAMES E.
STREET ADDRESS 1610 S.E. PARADISE CR.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE PD
NAME SMITH, DAVE J.
STREET ADDRESS 4146 CONWAY PL CIR
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME SMITH, BOB
STREET ADDRESS 219 E. HARTFORD #4
CITY-ST-ZIP HERNANDO FL

TITLE D
NAME DELIMORE, MARSHA
STREET ADDRESS 3728 LINKWOOD ST.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D
NAME CONGER, LINDA
STREET ADDRESS 1610 S.E. PARADISE CIR
CITY-ST-ZIP CRYSTAL RIVER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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.

SIGNATURE:

[Signature]

1/24/98

407-299-3800

CR2E034 (10/97)