PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

C/O GORDON BERG

201 YACHT CLUB DRIVE ST. AUGUSTINE FL 32095

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H73956

1. Corporation Name

Principal Place of Business

201 YACHT CLUB DRIVE ST. AUGUSTINE FL 32095

C/O INN AT CAMACHEE HARBOR

THE INN AT CAMACHEE HARBOR, INC.

,,,						09/03/1985					
a Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	.		Ap	plied For	
- i	26					59-2587813			No	t Applicable	
Suite, Apt. #									\$8.75	Additional	
Julie, Apt. *	27					5. Certifcate of Status Des	sired		Fee Re	quired	
City 9 State			City & State			6. Election Campaign Fina	ancina		\$5.00	May Be	
City & State City & Sta						Trust Fund Contribution			Added t	,	
3				Country		8. This corporation owes	he curre	nt vear Int	angible		
Zip −¬				¬		Personal Property Tax.		,	☐Yes	□No	
4	25		1301			10. Name and Address of		egistered	Agent		
g. Name and Address of Current Registered Agent					Name	10,		_ 			
BERG, CAROL W.											
3410 LANDS END DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)							
ST. AUGUSTINE FL 32095											
51. AUGUSTINE PL 32093				83				- y - 3 - 1 - 1	أريديان أأن	5 (1 tis)	
				84	City		-		85 Zip (Code	
					•			<u> </u>	<u> </u>	*	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida St	atutes, the a	bove-r	named corpo	ration submits this statement	for the	purpose of	changing its	registered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change W	as aumonzeo	יוון עט ב	e corporation	a's board of directors. I heret	у ассер	i ine appo	HILLIGHT GS 16	gistered	
agent. i ar	n familiar with, and accept the obligation	ons or, Section dor. 0000,	i ionaa ota	1100 1							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (1	NOTE: Registered	Agent si	ignature required	when reinstating)		DATE			
	OSCIOCOS AND DIDECTORS				<u> </u>	ADDITIONS/CHANGES	TO OF	ICERS A	ND DIRECTO	RS IN 12	
12.	PTD	☐ DELETE		TLE	T [*]	, , ,			Change	☐ Addition	
	BERG, CAROL	<u> </u>	1.2 N			•				ļ	
NAME	· · · · · · · · · · · · · · · · · · ·				000000	•				}	
STREET ADDRESS	3410 LANDS ENDS DRIVE			TREET AL						i	
CITY-ST-ZIP	ST. AUGUSTINE FL			ITY-ST-Z	ZIP				Change	Addition	
TITLE	VD	☐ DELETE	2.1 ΤΙ	ITLE					☐ Onlange		
NAME	BERG, GORDON		2.2 N	AME	-						
STREET ADDRESS	3410 LANDS END DRIVE		2.3 \$	TREET A	DDRESS					· · · · ·	
CITY-ST-ZIP	ST. AUGUSTINE FL	4	2.40	CITY-ST-	ZIP						
TITLE	VSD	☐ DELETI	3.1 T	ITLE		 :			Change	☐ Addition	
NAME	BERG, LAWRENCE		3.2 N	AME	Ì	•					
	201 YACHT CLUB DRIVE		339	TREET A	ODRESS						
STREET ADDRESS	ST. AUGUSTINE FL	٠		CITY-ST-					, , .		
CITY-ST-ZIP	51. AUGUSTINE PL	☐ DELET			ZIP			· ·	Change	☐ Addition	
TITLE		₩ peren								-	
NAME				NAME						.	
STREET ADDRESS		÷	4.3 S	TREETA	DORESS					Ì	
ČITY-ST-ZIP				ITY-ST-2	ZIP	<u> </u>		<u> </u>	- Char	- Addition	
TITLE		☐ DELET		ITLE	.				☐ Change	Addition	
NAME			5.2 N	IAME							
STREET ADDRESS	•		5.3 S	TREET A	(DDRESS						
CITY-ST-ZIP			5.4 0	TY-ST-	ZIP						
TITLE		☐ DELET	E 6.1 T	TLE	<u> </u>	,			Change	☐ Addition	
			6.2 N	IAME							
NAME	* .				NDDRESS						
STREET ADDRESS	•			ATY-ST-		•				• / :	
CITY-ST-ZIP	certify that the information supplied with	Alain Alling along and arrest	, , , , , , , , , , , , , , , , , , ,		4-4-4 :- 6	ection 119 07/3\/ii\ Florida S	tatutes	I further ce	rtify that the	information	
14. I hereby (certify that the information supplied with on this annual report or supplemental a	n this tilting does not quali annual report is true and	accurate and	d that r	my signature	shall have the same legal ef	fect as i	made un	ier oath; that	I am an	
officer or	director of the corporation or the receiv	er or trustee empowered	to execute t	this rep	port as requir	ed by Chapter 607, Florida	Statutes	and that i	ny name app	ears in	
14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 118.75(ii), Florida statutes. I thinle certify that the information supplies that it is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. I thinle certify that the information indicated in the supplies that it is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. In this certify that it is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. In this certify that it is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. In this certify that it is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. In this certify that it is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. In this certify that it is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. In this certify that it is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. In this certify that it is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. In this certify that it is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. In this certification is filing does not quality for the exemption stated in Section 118.75(iii), Florida statutes. In this certification is filing does not quality for the exemption stated in Section 118.75(iii) and the filing does not quality for the exemption stated in Section 118.75(iii) and the filing does not quality for the exemption stated in Section 118.75(iii) and the filing does not quality for the exemption stated in Section 118.75(iii) and the filing does not quality for the exemption stated in Section 118.75(iii) and the filing does not quality for the exemption stated in Section 118.75(iii) and the filing does not											

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90002 045 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

SIGNATURE AND TYPED OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR