Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90238 027 ***150 00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

•	1999 DIVISION OF CORPORATIONS				03-11-1999 90238 027 ***150.00			
	MENT # H9743 !	5						
RESORTS BY THE SEA, INC.						1011 4001		
Principal Place	of Business	Mailing Address						
3101 HIGHWAY A1A 3101 HIGHWAY A1A								
INDIALANTIC FL	32903	INDIALANTIC FL 32903				DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed		
						01/30/1986		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied Sq-2733018 Not App		
21 Suite Ant 1	# oto	Suite, Apt. #, etc.				\$8.75 Additi		
Suite, Apt. #	+, etc.	27	<u>├</u> ¬ ' '			5. Certifcate of Status Desired Fee Require		
City & State)	City & State				6. Election Campaign Financing \$5.00 May	Be	
23		28				Trust Fund Contribution Added to Fed	es	
Zip	— — — — — — — — — — — — — — — — — — —			ıntry		8. This corporation owes the current year Intangible Personal Property Tax	<u>.</u>	
24	25 9. Name and Address of Curre	29 29 Agent	30	Г		Personal Property Tax. Yes LIN 10. Name and Address of New Registered Agent	<u> </u>	
	5. Name and Address of Chine	in tregistered Agen		81	Name			
TELEMACHOS, NICHOLAS				82	Street Ad	tdress (P.O. Box Number is Not Acceptable)	\rightarrow	
3101 N HWY A1A								
MELBOURNE FL 32903				83		•	}	
				84	City	FL 85 Zip Code		
	4 0 - 4 0 - 7 0 0	EO2 and CO7 1500 Florida Statu	too the a	hove	-named co	progration submits this statement for the purpose of changing its regis	stered	
office or re	arietored agent or both in the Stat	o of Florida. Such change was a	autnorized	ועסם	tne corbora	ation's board of directors. I hereby accept the appointment as register	red	
	n familiar with, and accept the oblig	jations of, Section 607.0303, Fit	mua Stat	uies.			1	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NOTI	E. Registere	1 Agent	t signature requ	uired when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 12 Addition	
TITLE	I			1.1 TITLE 1.2 NAME		Change	110000011	
NAME	TEELINAO 100, MOTOBIO		1		ADDRESS			
STREET ADDRESS CITY-ST-ZIP	T. 12 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			1.4 CITY-ST-ZIP			l	
TITLE				2.1 TITLE		☐ Change	Addition	
NAME	BALLAUER, JOHN		2.2 N	AME				
STREET ADDRESS	0101 11W1: AIA		235	TREET	ADDRESS	·		
CITY-ST-ZIP	INDIALANTIC FL	☐ DELETE		ATY-S	T-ZIP	~ ~ Change	Addition	
TITLE	VP	□ DESEIE	3.1 TI 32 N					
NAME STREET ADDRESS	DIEGUEZ, ANTIGONE 3101 N HWY A1A				ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL			CITY-S				
TITLE	<u> </u>	☐ DELETE	4,1 7			☐ Change	Addition	
NAME			4.21	AME	}		ļ	
STREET ADDRESS					ADDRESS	·	}	
CITY-ST-ZIP		☐ DELETE	4.4 C 5.1 T	ITY-SI	T-ZIP	Change	Addition	
TITLE			5.1 I			ے دور المارک کے	_	
NAME STREET ADDRESS					ADDRESS		Ì	
CITY-ST-ZIP			5.4 C	TY-ST	r-ziP			
TITLE		☐ DELETE	6.1 T	TILE		☐ Change	Addition	

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 suppliemental 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 repeiver or sustee 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR