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 # JO1112

1. Corporation Name

CENTRAL PARK LODGES (THE BARCLAY), INC.

555034 - 90059 - 1

Principal Place of Business	Mailing Address
4350 L.J. VILLAGE DR.	4350 L.J. VILLAGE DR.
C/O TAX DEPT., STE 400	C/O TAX DEPT., STE 400
SAN DIEGO, CA 92122-1233	SAN DIEGO, CA 92122-1233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
02/25/1986

2. Principal Place of Business	2a. Mailing Address
21	26

4. FEI Number	Applied For
59-2496419	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State	City & State
23	28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip	Country	Zip	Country
24	25	29	30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC 1201 HAYS ST TALLAHASSEE, FL 32301	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE NAME **WOLD, CASEY R.** STREET ADDRESS **4350 L.J. VILLAGE DR., STE 400** CITY-ST-ZIP **SAN DIEGO, CA 92122-1233**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **S** ☒ DELETE NAME **HAGEMAN, DOUGLAS L.** STREET ADDRESS **4350 L.J. VILLAGE DR., STE 400** CITY-ST-ZIP **SAN DIEGO, CA 92122-1233**		2.1 TITLE **S** 2.2 NAME **HOLLI G. SALAZAR** 2.3 STREET ADDRESS **4350 l.j. village dr.** 2.4 CITY-ST-ZIP **SAN DIEGO, CA 92122-1233**	☒ Change ☐ Addition
TITLE **V** ☒ DELETE NAME **DON S. KOVACIC** STREET ADDRESS **4350 L.J. VILLAGE DR. ,STE 400** CITY-ST-ZIP **SAN DIEGO, CA 92122-1233**		3.1 TITLE **V** 3.2 NAME **COLIN J. CHAPIN** 3.3 STREET ADDRESS **4350 L.J. VILLAGE DR., STE 400** 3.4 CITY-ST-ZIP **SAN DIEGO, CA 92122-1233**	☒ Change ☐ Addition
TITLE **VT** ☒ DELETE NAME **WENDY M. GODOY** STREET ADDRESS **4350 L.J. VILLAGE DR., STE 400** CITY-ST-ZIP **SAN DIEGO, CA 92122-1233**		4.1 TITLE **VT** 4.2 NAME **JEFFREY D. ECHT** 4.3 STREET ADDRESS **4350 L.J. VILLAGE DR., STE 400** 4.4 CITY-ST-ZIP **SAN DIEGO, CA 92122-1233**	☒ Change ☐ Addition
TITLE **DV** ☐ DELETE NAME **DAVID W. CLAPP** STREET ADDRESS **4350 L.J. VILLAGE DR., STE 400** CITY-ST-ZIP **SAN DIEGO, CA 92122-1233**		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **V** ☒ DELETE NAME **JAMES HUTCHISON** STREET ADDRESS **4350 L.J. VILLAGE DR., STE 400** CITY-ST-ZIP **SAN DIEGO, CA 92122-1233**		6.1 TITLE **V** 6.2 NAME **PETER M. BALLON** 6.3 STREET ADDRESS **4350 L.J. VILLAGE DR., STE 400** 6.4 CITY-ST-ZIP **SAN DIEGO, CA 92122-1233**	☒ Change ☐ Addition

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.

SIGNATURE: _____ HOLLI G. SALAZAR, SECRETARY   4-27-99   (619)546-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)