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FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90025 017 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **J26149**

1. Corporation Name
PINEBROOK-IRONWOOD GOLF CLUB, INC.

| | |
|--|--|
| Principal Place of Business 2201 4TH ST N. STE. #200 ST. PETERSBURG FL 33704 | Mailing Address 2201 4TH ST N. STE. #200 ST. PETERSBURG FL 33704 |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1986

4. FEI Number

59-2686383

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 the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

9. Name and Address of Current Registered Agent

**CHEEZEM, J. MICHAEL
2201 4TH STREET NORTH
STE. 200
ST. PETERSBURG FL 33704**

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 **PD** ☐ DELETE

NAME **CHEEZEM, J. MICHAEL**

STREET ADDRESS **2201 4TH ST. N. STE. 200**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **V** ☐ DELETE

NAME **KING, JOEL M**

STREET ADDRESS **2201 4TH ST. N. STE. 200**

CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE **VP** ☐ DELETE

NAME **ALLEN, ROBERT L.**

STREET ADDRESS **2201 4TH ST. N. STE. 200**

CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE **ST** ☐ DELETE

NAME **BAAR, JAMES A**

STREET ADDRESS **2201 4TH ST. NO., STE 200**

CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

JAMES A. BAAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99
Date

Daytime Phone #

CR2E034 (11/98)