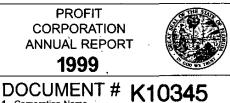
PROFIT CORPORATION ANNUAL REPORT

1999

VILLAS AT SUNTREE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90326 001 ***150.00

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Principal Place of Business Mailing Address 3225 S AVIATION AVENUE 3225 AVIATION AVENUE 7TH FLOOR 7TH FLOOR DO NOT WRITE IN THIS SPACE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 3. Date Incorporated or Qualifed 12/29/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0019213 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Country Zip Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. √Yes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GARS, IRWIN S. Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVENUE 7TH FLOOR 83 **COCONUT GROVE FL 33133** 84 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE ☐ Addition 1.1 TITLE TITLE PASSALACQUA, JOHN F. 1.2 NAME NAME 4201 N OCEAN DRIVE #603 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 1.4 CITY-ST-ZIP CITY-ST-ZIP __ Addition DELETE 2.1 TITLE ☐ Change TITLE VD. JOHNSON, JOSHUA C. 22 NAME NAME 3353 GINSING LN 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL** 2. 4 CITY-ST-ZIP Addition ☐ Change ☐ DELETE TITLE 3.1 TITLE JOHNSON, RICHARD A. 3.2 NAME NAME 255 BOUNDRY BLVD #105 3.3 STREET ADDRESS STREET ADDRESS ROTUNDA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE PD TITLE 4.2 NAME NAME GARS, IRWIN S. 3225 AVIATION AVENUE 7TH FLOOR STREET ADDRESS 4.3 STREET ADDRESS COCONUT GROVE FL 33133 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 51 TIDE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE □ DELETE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTO

(11/98)CR2E034

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