

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

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56169 (0)

1. Corporation Name

GRANDE ISLAND VACATIONS, INC.

Principal Place of Business

Mailing Address

P.O BOX 97
BOCA GRANDE FL 33921

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BOCA GRANDE FL 33921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1990

4. FEI Number

65-0181994

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURTY, TIMOTHY J.
1633 PERIWINKLE WAY
SANIBEL FL 33957

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 PT ☐ DELETE
NAME HANNA, JOSEPH R.
STREET ADDRESS 330 NEWCASTLE RD
CITY-ST-ZIP ROCHESTER NY

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P Hanna, Joseph R.
1.3 STREET ADDRESS 330 New Castle Rd
1.4 CITY-ST-ZIP Rochester, NY

TITLE S ☐ DELETE
NAME PERSONS, LISA
STREET ADDRESS P O BOX 1043
CITY-ST-ZIP BOCA GRANDE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Persons, Lisa
2.3 STREET ADDRESS PO Box 1043 3312 Pennyroyal Rd
2.4 CITY-ST-ZIP Boca Grande, FL Port Charlotte, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME ST Peterson, Scott
3.3 STREET ADDRESS 5611 Burnham Court
3.4 CITY-ST-ZIP N. Ft. Myers, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE

[Signature]

2/2/98

941-964-2080

CR2E034 (10/97)