

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 MAY -5 AM 10:42

DOCUMENT # L78123

1. Corporation Name ROTONDA GOLF & COUNTRY CLUB CORPORATION



Principal Place of Business 4005 CAPE HAZE DR. CAPE HAZE FL 33947 Mailing Address 4005 CAPE HAZE DR. CAPE HAZE FL 33947

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

06/01/1990

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

4. FEI Number

65-0205234

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

7. This corporation owes the current year intangible Personal Property Tax.

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, LARRY B 505 S. FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401-3475

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

100003053381 -- 3

-11/24/99

14. 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

1.1 TITLE [] DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

[] Change [] Addition

2.1 TITLE [] DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

[] Change [] Addition

3.1 TITLE [] DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

[] Change [] Addition

4.1 TITLE [] DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

[] Change [] Addition

5.1 TITLE [] DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

[] Change [] Addition

6.1 TITLE [] DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

[] Change [] Addition

11-873001-8159.75

ACC # ... 2151 ... GR. INITIALS ... DATE ...

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: [Signature] 10/29/99 (800) 241-4995

CR2E034 (1/798)