FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M74198** **(6)**

1. Corporation Name

KEY WEST POLO CLUB DEVELOPERS, INC.

Principal Place of Business

~~ATTN: JOHN LEE~~
~~9333 DUCK AVENUE, A-107~~
~~KEY WEST FL 33040~~

Mailing Address

~~ATTN: JOHN LEE~~
~~9333 DUCK AVENUE, A-107~~
~~KEY WEST FL 33040~~

3. Date Incorporated or Qualified: 03/29/1988
3a. Date of Last Report: 02/02/1995

2. Principal Place of Business
21 5401 S. KIRKMAN RD.
Suite/Apt. #, etc
22 515
City & State
23 ORLANDO FL
Zip 24 32819 Country 25 USA

2a. Mailing Address
26 5401 S. KIRKMAN RD.
Suite/Apt. #, etc
27 515
City & State
28 ORLANDO FL
Zip 29 32819 Country 30 USA

4. FEI Number: 59-2883475 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GINSBURG, ALAN H
~~2301 LUCIEN WAY~~
~~SUITE 300~~
MAITLAND FL 32751

2200 LUCIEN WAY
SUITE 450

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 607.1608, 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. Said 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	GINSBURG, ALAN H
STREET ADDRESS	~~2301 LUCIEN WAY, STE 300~~ 2200 LUCIEN WAY SUITE 450
CITY-ST-ZIP	~~MAITLAND FL 32751~~ MAITLAND FL 32751
TITLE	VS ☐ DELETE
NAME	ROHDIE, ROBERT C
STREET ADDRESS	~~2301 LUCIEN WAY, STE 300~~ 5401 S. KIRKMAN RD. SUITE 515
CITY-ST-ZIP	~~MAITLAND FL 32751~~ ORLANDO, FL 32819
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 Blocks 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/22/96 407-248-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT C. ROHDIE

CR2E034 (12/95)