FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **M77582** **(8)**

1. Corporation Name

PALM-AIRE SPA RESORT & COUNTRY CLUB, INC.

Principal Place of Business

FDIC/SUBSIDIARIES
100 COLONY SQUARE. BOX 68. SUITE 2200
ATLANTA GA 30361

Mailing Address

FDIC/SUBSIDIARIES
100 COLONY SQUARE. BOX 68. SUITE 2200
ATLANTA GA 30361-6206

3. Date Incorporated or Qualified: **04/22/1988**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 1201 W. Peachtree ST, NE
Suite, Apt. #, etc.
22 Suite 1800
City & State
23 Atlanta, GA
Zip: 24 30309-3415 Country: 25 Fulton

2a. Mailing Address
26 1201 W. Peachtree ST, NE
Suite, Apt. #, etc.
27 Suite 1800
City & State
28 Atlanta, GA
Zip: 29 30309-3415 Country: 30 Fulton

4. FEI Number: **65-0046761** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	HALLMAN, LARY V	1.2 NAME	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2200	1.3 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	1.4 CITY-ST-ZIP	ATlanta, GA 30309-3415
TITLE	DVAP ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	RAY, PATRICIA J	2.2 NAME	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2200	2.3 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	2.4 CITY-ST-ZIP	Atlanta, GA 30309-3415
TITLE	DVAS ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	FARRELL, CHARLES P JR	3.2 NAME	
STREET ADDRESS	100 COLONY SQUARE BOX 68 STE. 2200	3.3 STREET ADDRESS	1201 W. Peachtree St, NE, Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	3.4 CITY-ST-ZIP	Atlanta, GA 30309-3415
TITLE	DST ☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	ROSETTI, JOHN P	4.2 NAME	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2200	4.3 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	4.4 CITY-ST-ZIP	Atlanta, Ga 30309-3415
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Patricia A. Ray, Vice-President 2/18/97 (404) 817-2567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #