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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # M94528 (0)

1. Corporation Name
FLORIDA LIFESTYLE PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~1501 DECKER AVE~~ ~~#112~~ ~~STUART FL 34994~~	~~1501 DECKER AVE~~ ~~#112~~ ~~STUART FL 34994-3964~~

3. Date Incorporated or Qualified: 08/16/1988
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business	2a. Mailing Address
21 590 N.W Peacock Blvd	26 590 N.W Peacock Blvd
Suite, Apt. #, etc. 22 Suite #1	Suite, Apt. #, etc. 27 Suite 1
City & State 23 Port St lucie Fl	City & State 28 Port St lucie Fl
Zip 24 34986 Country 25 USA	Zip 29 34986 Country 30 USA

4. FEI Number: 65-0079721 ☐ 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	10. Name and Address of New Registered Agent
KOTCH, EDWARD ~~1501 DECKER AVE~~ ~~#112~~ ~~STUART FL 34994~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 590 NW Peacock Blvd 83 Suite 1 84 City Port St lucie FL 85 Zip Code 34986

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOTCH, EDWARD 3021 GRAPEVINE LANE PALM CITY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KOTCH, ANDREA 3021 GRAPEVINE LN PALM CITY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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] 3-2-97 561-871-0004