2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000051714**

1. Entity Name

AMERICAN RESORT PROPERTIES, INC.



FILED Apr 19, 2004 08:00 AM Secretary of State

Principal Place of Business

226-A ROYAL PALM WAY PALM BEACH, FL 33480 Mailing Address

226-A ROYAL PALM WAY PALM BEACH, FL 33480



## DO NOT WRITE IN THIS SPACE

04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1557833 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BAKER, JANE B 226-A ROYAL PALM WAY PALM BEACH, FL 33480

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE		
FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADAKA, RONALD N 8145 SWAPS WAY PALM BEACH GARDENS, FL 33418				U00000119062		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADAKA, RONALD N 8145 SWAPS WAY PALM BEACH GARDENS, FL 33418		04/19/04-80084-022 150.00  DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16.04 561-820 902

Daytime Phone #