

FILED  
May 28, 2004 8:00 am  
Secretary of State

04-28-2004 90292 041 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000129291</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                 |  |
| 1. Entity Name<br>MARINER'S CLUB BAHIA BEACH, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                  |  |
| Principal Place of Business<br>2250 AVENIDA DEL VERA<br>N. FT. MYERS, FL 33917                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Mailing Address<br>2250 AVENIDA DEL VERA<br>N. FT. MYERS, FL 33917                                                                                                                                               |  |
| 2. Principal Place of Business<br>12800 UNIVERSITY DR.<br>Suite, Apt. #, etc.<br>SUITE 400<br>City & State<br>FORT MYERS, FL<br>Zip<br>33907<br>Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 3. Mailing Address<br>12800 UNIVERSITY DR.<br>Suite, Apt. #, etc.<br>SUITE 400<br>City & State<br>FORT MYERS, FL<br>Zip<br>33907<br>Country<br>USA                                                               |  |
| 4. FEI Number<br>APPLIED FOR 20-1165884                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Applied For<br>Not Applicable                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | \$8.75 Additional<br>Fee Required                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br>ROLAND, DOUGLAS C<br>500 E. KENNEDY BLVD., SUITE 500<br>TAMPA, FL 33602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 7. Name and Address of New Registered Agent<br>Name<br>Scott W. Callahan<br>Street Address (P.O. Box Number is Not Acceptable)<br>37 North Orange Avenue Suite 200<br>City<br>Orlando<br>FL<br>Zip Code<br>32801 |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u>Scott W. Callahan</u> DATE <u>4/2/04</u><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>                                                                                                                                                                                             |  |                                                                                                                                                                                                                  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                                                                                               |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>POCKRUS, ALEXANDER L<br>2250 AVENIDA DEL VERA<br>N. FT. MYERS, FL 33917 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>12800 University Dr., Ste 400<br>Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>MATZICK, LARRY C<br>2250 AVENIDA DEL VERA<br>N. FT. MYERS, FL 33917 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>12800 University Dr., Ste 400<br>Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>CORDELLO, DOUGLAS J<br>2250 AVENIDA DEL VERA<br>N. FT. MYERS, FL 33917 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>12800 University Dr., Ste 400<br>Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| 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: <u>[Signature]</u> DATE <u>4/2/04</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date<br>Daytime Phone #                                                                                                                                                                                          |  |