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 # **P25784** **(0)**

1. Corporation Name

FORT MYERS BEACHCLUB, INC.

Principal Place of Business	Mailing Address
5847 SAN FELIPE SUITE 3600 HOUSTON TX 77057 US	5847 SAN FELIPE SUITE 3600 HOUSTON TX 77057 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **08/25/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **76-0244653** ☐ 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

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 607.1508, 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 changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE	C.	☒ Change ☐ Addition
NAME	BERGERON, B.D.		12 NAME		
STREET ADDRESS	5847 SAN FELIPE, SUITE 3600		13 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE	Senior V.P.	☒ Change ☐ Addition
NAME	PETERS, MARY		22 NAME		
STREET ADDRESS	5847 SAN FELIPE, SUITE 3600		23 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		24 CITY-ST-ZIP		
TITLE	CCD	☐ DELETE	31 TITLE	C.	☒ Change ☐ Addition
NAME	BOWDEN, J. MURRY		32 NAME		
STREET ADDRESS	5847 SAN FELIPE, SUITE 3600		33 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		34 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	41 TITLE	E.V.P., T. & S.	☒ Change ☐ Addition
NAME	THOMPSON, MICHAEL D		42 NAME		
STREET ADDRESS	5847 SAN FELIPE, SUITE 3600		43 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		44 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	51 TITLE	P. & A.S.	☐ Change ☒ Addition
NAME	MARTINO, VERA		52 NAME	James L. Fatheree, Jr.	
STREET ADDRESS	5847 SAN FELIPE, SUITE 3600		53 STREET ADDRESS	SAME	
CITY-ST-ZIP	HOUSTON TX		54 CITY-ST-ZIP		
TITLE	T	☐ DELETE	61 TITLE	VP	☒ Change ☐ Addition
NAME	BUCHANAN, BO		62 NAME		
STREET ADDRESS	5847 SAN FELIPE, SUITE 3600		63 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		64 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)(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: Michael D Thompson 3-25-96 713-267-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)