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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000021817 (0)**

1. Corporation Name

SPINNAKER POINTE AT WINDSTAR, INC.

Principal Place of Business	Mailing Address
3520 WINDJAMMER CIR. UNIT 101 NAPLES FL 33962	3520 WINDJAMMER CIR. UNIT 101 NAPLES FL 33962

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0402674 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 6170 Reserve Circle	26 6170 Reserve Circle
22 Suite, Apt. #, etc.: #102	27 Suite, Apt. #, etc.: #102
23 City & State: Naples, FL	28 City & State: Naples, FL
24 Zip: 33999 25 County: USA	29 Zip: 33999 30 County: USA

9. Name and Address of Current Registered Agent

PRICE, SCOTT R.
% KELLEY, PRICE, SIKET & HEUERMAN
2640 GOLDEN GATE PARKWAY SUITE 315
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: WILSON, GARY K.
82 Street Address (P.O. Box Number is Not Acceptable): 4501 TAMIAMI TRAIL N.
83 SUITE 400
84 City: NAPLES, FL 85 Zip Code: 33940

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, such position as provided for by Florida Statutes.

SIGNATURE: Gary K. Wilson DATE: April 9, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE ☒ Change ☐ Addition
NAME	BATEMAN, A L		12 NAME
STREET ADDRESS	3520 WINDJAMMER CIR. #101		13 STREET ADDRESS: 6165 RESERVE CIR., #1504
CITY-ST-ZIP	NAPLES FL 33962		14 CITY, ST, ZIP: NAPLES, FL 33999
TITLE		☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY-ST-ZIP			24 CITY, ST, ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY, ST, ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY, ST, ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY, ST, ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY, ST, ZIP

CR2E034 (12/95)

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 with an address.

SIGNATURE: Arthur L. Bateman DATE: April 9, 1996 (941) 353-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARTHUR L. BATEMAN

Daytime Phone #