FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021817 (0)

SPINNAKER POINTE AT WINDSTAR, INC.

Principal Place of Business Mailing Address 6170 RESERVE CIRCLE 6170 RESERVE CIRCLE ¥102 NAPLES FL 33999 NAPLES FL 34119-4214 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1993 04/16/1996 2. Principal Place of Business 2a. Mailing Address **Applied** For 26 10641 Airport Pulling Rd. 21 10641 Airport Pulling Rd. 65-0402674 Not Applicable Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required #28 22 #28 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Naples, FL Naples, FL Trust Fund Contribution Added to Fees Country Zω Country Zφ 8. This corporation pacliability for intangible tax under s. 199.032, Yes No 25 USA 34109 30 USA Florida Statutes 24 34109 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name WILSON, GARY K 4501 TAMIAMI TRIAL, NORTH 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 400** 83 NAPLES FL 38\$40X Zip Code 34103 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or purified name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE BATEMAN, A L 1.2 NAME NAME 6165 RESERVE CIRCLE, #1504 STREE: ADDRESS 1.3 STREET ADDRESS NAPLES FL 1.4 CHTY-ST-ZIP DELETE 2.1 TITLE Change Addition 1171.6 NAME 2.2 NAME 2.3 STREET ADDRESS SUBJECT ADDRESS. 2.4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition 3.1 TITLE TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C(1Y - S1 - 2)F DELETE Change Addition HILE 4.1 TITLE NAME 4 2 NAME STREET ASIDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-7.2 DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - 51 - ZiP DELETE Change Addition THLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET FADDRESS

6.4 CITY - ST - ZIP

information inclicated 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 efficer or director of the corporation of the receiver or to stee empressed to execute this report as required by Chapter 607, Florida Statutes; and that my name

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