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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000028251

Principal Place of Business

EAST BAY EXECUTIVE GOLF COURSE, INC.

Z3H165711

Mailing Address

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90204 023 ***150.00



702 COUNTRY CLUB DR. LARGO FL 34641		22725 GREHTER MACK ST CLAIRSHORES MI 48080 US				DO NOT WRITE IN THIS SPACE				
		•				3. Date Incorporated or Qualifed 04/16/1993				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For				
21		26	26			59-3192421 . Not Applicable	_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Search Search Search Status Desired Search Sea	•			
City & Stat	е	City & State	1			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	_			
Zip 24	Country 25	Zip	Co.	untry		8. This corporation owes the current year Intengible Personal Property Tax. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
000	BOLICE	-		81	Name					
	, BRUCE OCALA RD.				Street Address (P.O. Box Number is Not Acceptable)					
BELL	EAIR FL 33756			83						
				84	City	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 or, Section 607.0505, Fiorida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature requi	red when reinstating)	DATE]				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	ICERS AND DIRECTORS IN 12					
TITLE	DP [DELETE	1.1 TITLE		☐ Change	☐ Addition				
NAME	WALLRICH, WAYNE T		1.2 NAME							
STREET ADDRESS	22725 MACK AVE.		1.3 STREET ADDRESS							
CITY-ST-ZIP	ST. CLAIR SHORES MI 48080		1.4 CITY-ST-ZIP							
TITLE	DVST	DELETE	2.1 TITLE		☐ Change	☐ Addition				
NAME	CUBBA, PETER		2.2 NAME			1				
STREET ADDRESS	22725 MACK AVE.		2.3 STREET ADDRESS							
CITY-ST-ZIP	ST. CLAIR SHORES MI 48080		2. 4 CITY-ST-ZIP							
TITLE	V	DELETE	3.1 TITLE		Change	Addition				
NAME	ORR, BRUCE		3.2 NAME							
STREET ADDRESS	303 OCALA DRIVE		3.3 STREET ADDRESS							
CITY-ST-ZIP	BELLEAIR FL 33756		3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP	,						
TITLE	[DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME			ļ				
STREET ADDRESS			5.3 STREET ADDRESS			į				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		****					
TITLE	[□ DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME			6.2 NAME							
STREET ADORESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP		at a see at a standard and a standar					

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 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, with all other like empowered.

SIGNATURE: