


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).


PROFIT CORPORATION
ANNUAL REPORT
2000



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

DOCUMENT # **P93000042087 (5)**
1. Corporation Name
HOTEL CITI CLUB FLORIDA, INC.

FILED
00 MAY 23 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Principal Place of Business
**333 TAMiami TRAIL NORTH
STE. 204
SARASOTA FL 34236
US**

Mailing Address
**333-TAMiami TRAIL NORTH
STE. 204
SARASOTA FL 34236
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1993

4. FEI Number
65-0429461

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Zip

26 Country

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ICARD, MERRILL, CULLIS, TIMM, FUREN AND
GINSBURG, P.A. (CHRISTOPHER K. CASWELL)
2033 MAIN ST., SUITE 600
SARASOTA FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	
NAME	LANOUE, YVES	1.2 NAME	
STREET ADDRESS	1617 KEELY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	LANOUE, MARC	2.2 NAME	
STREET ADDRESS	3 RUE MARINIER	2.3 STREET ADDRESS	
CITY-ST-ZIP	HULL QU J8Y -6E7	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SAIKALEY, JASON	3.2 NAME	
STREET ADDRESS	2636 WISTERIA PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARSOTA FL 34239	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LANOUE, DENIS P	4.2 NAME	
STREET ADDRESS	824 EVERGREEN PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE:  REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: May 23, 2000 Daytime Phone #