

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

FILED

Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000005213 (1)

1. Corporation Name

RESORT IMMOBILIEN REALTY CORP.



Principal Place of Business

8965 LELY ISLAND CIRCLE
NAPLES FL 33962

Mailing Address

8965 LELY ISLAND CIRCLE
NAPLES FL 34113-2614

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 649 5th Avenue S.

2a. Mailing Address

26 649 5th Avenue S.

Suite, Apt. #, etc.

22 Suite 222

Suite, Apt. #, etc.

27 Suite 222

City & State

23 Naples, Florida

City & State

28 Naples, Florida

Zip

24 34102

Country

25 USA

Zip

29 34102

Country

30 USA

4. FEI Number

65-0465324

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

James H. Siesky, Siesky + Pilon

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

1000 North Tamiami Trail

83

Suite 201

84

City Naples

FL

85

Zip Code

34102

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

James H. Siesky

NOTE: Registered Agent signature required when reinstating.

DATE

2/21/97

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME GURWICZ, KLAUS
STREET ADDRESS 8965 LELY ISLAND CIRCLE
CITY-ST-ZIP NAPLES FL 33962

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8034 Palomino Dr.
Naples, FL 34113

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

Klaus Gurwicz 2-14-97 341-7754547

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)