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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P94000024437 (3)**

1. Corporation Name
CAPE HAZE MARINA VILLAGE, INCORPORATED

Principal Place of Business	Mailing Address
8600 ESTHER ST BOX 326 PLACIDA FL 33946	BOX 326 PLACIDA FL 33946 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1994

21 2. Principal Place of Business	6950 PLACIDA ROAD
22 Suite, Apt. #, etc.	
23 City & State	CAPE HAZE, FL.
24 Zip / 25 Country	33946 / CHARLOTTE
25 2a. Mailing Address	PO Box 3400
27 Suite, Apt. #, etc.	
28 City & State	CAPE HAZE, FL.
29 Zip / 30 Country	33946 / CHARLOTTE

4. FEI Number: 65-0477427 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DITTMAR, RON
8600 ESTHER ST
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name: KERRY KEATHLEY
82 Street Address (P.O. Box Number is Not Acceptable): 6950 PLACIDA ROAD
83
84 City: CAPE HAZE FL 85 Zip Code: 33946

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: Kerry Keathley, V. Pres. DATE: 4/14/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☒ DELETE	1.1 TITLE	PRESIDENT & SECRETARY	☐ Change ☒ Addition
NAME	DITTMAR, RON		1.2 NAME	TERRY KEATHLEY	
STREET ADDRESS	8600 ESTHER ST.		1.3 STREET ADDRESS	6950 PLACIDA ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34224		1.4 CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE	VP	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	KEATHLEY, KERRY		2.2 NAME	KERRY KEATHLEY	
STREET ADDRESS	1200 US 27		2.3 STREET ADDRESS	6950 PLACIDA ROAD	
CITY-ST-ZIP	DAVENPORT FL 33837		2.4 CITY-ST-ZIP	CAPE HAZE, FL 33946	
TITLE		☐ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			3.2 NAME	MARK E BURKE	
STREET ADDRESS			3.3 STREET ADDRESS	6950 PLACIDA ROAD	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE		☐ DELETE	4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			4.2 NAME	RAY LUDMANN	
STREET ADDRESS			4.3 STREET ADDRESS	6950 PLACIDA ROAD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Kerry Keathley, V. Pres. 4/14/98. 941-697-3336