FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044813 (1)

1. Name of Business

ORIOLE AT SUNRISE COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
1690 SOUTH CONGRESS AVE SUITE 200 DELRAY BEACH FL 33444	1690 SOUTH CONGRESS AVE SUITE 200 DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0501204 ☐ 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 Affliated

9. Name and Address of Current Registered Agent

~~RICHARDS, GEORGE R~~
~~701 BRICKELL AVE~~
~~SUITE 1200~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Nunez, Antonio

82 Street Address (P.O. Box Number is Not Acceptable): 1690 S. Congress Avenue, Suite 200

83

84 City: Delray Beach FL 85 Zip Code: 33445

11. Pursuant to the provisions of Section 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: A. Nunez, Sr. Vice President DATE: 2/22/95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME LEVY, MARK STREET ADDRESS 1690 SOUTH CONGRESS AVE CITY-ST-ZIP DELRAY BEACH FL 33444	11 TITLE P/D ☒ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE D NAME LEVY, RICHARD D STREET ADDRESS 1690 SOUTH CONGRESS AVE CITY-ST-ZIP DELRAY BEACH FL 33444	21 TITLE C/D ☒ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE D NAME NUNEZ, ANTONIO STREET ADDRESS 1690 SOUTH CONGRESS AVE CITY-ST-ZIP DELRAY BEACH FL 33444	31 TITLE V/T/D ☒ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE D NAME HUBSHMAN, E.E. STREET ADDRESS 1690 SOUTH CONGRESS AVE CITY-ST-ZIP DELRAY BEACH FL 33444	41 TITLE V/D ☒ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE D NAME LEVY, HARRY A STREET ADDRESS 1690 SOUTH CONGRESS AVE CITY-ST-ZIP DELRAY BEACH FL 33444	51 TITLE S/D ☒ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: A. Nunez, Sr. Vice President 2/22/95 (407) 274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone Number

0307057 CP