

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

FILED  
May 14 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 # P94000048991 (1)

1. Corporation Name

GOLF BUILDINGS DEVELOPMENT, INC.



Principal Place of Business

400 NORTH LAKE CT  
104  
N PALM BCH FL 33408  
US

Mailing Address

P O BOX 31058  
PALM BEACH GARDENS FL 33420  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1994

4. FEI Number

65-0510571

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

2. Principal Place of Business

21 1339 S. KILLIAN DR.

Suite, Apt. #, etc.

22 #5

City & State

23 NORTH PALM BEACH, FL

Zip

24 33403

Country

25

2a. Mailing Address

26 1339 S. KILLIAN DR.

Suite, Apt. #, etc.

27 #5

City & State

28 NORTH PALM BEACH, FL

Zip

29 33403

Country

30

9. Name and Address of Current Registered Agent

COLLINS, LANE  
400 NORTHLAKE CT  
104  
PALM BEACH GARDENS FL 33408

10. Name and Address of New Registered Agent

81 Name

LANE COLLINS

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

83

320 3RD COURT

84 City

PALM BEACH GARDENS FL

85 Zip Code

33410

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME COLLINS, LANE  
STREET ADDRESS 400 NORTHLAKE CT #104  
CITY-ST-ZIP N PALM BCH FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME LANE COLLINS  
1.3 STREET ADDRESS 320 3RD COURT  
1.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (10/97)