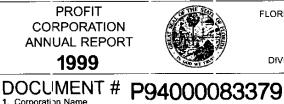
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90123 041 ***158.75

SUNSET	HARBOR CLUB, INC.						
Principal Place	of Rusiness	Mailing Address			. IL BULL BERNE 1 1000 BERNE 1 1000 FILE		
Principal Place of Business 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 34119 US		4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 34119 US	4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 34119		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
				11/15/1994			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Nurnber	Applied For		
21		26		65-0536172	Not Applicable		
Suite, Ap	#, etc.	Suite, Apt. #, etc.		5. Certifca e of Status Desired	\$8.75 Ad Jitional Fee Required		
City & State		City & State	<u> </u>		55.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Count y	Zip	Country	8. This corporation owes the curre	ent year Intangible		
24	25	29 30	0	Personal Property Tax.	Yes []No		
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent		
			81 Name	ANET KELLY			
	'KIE, PAMELA S		82 Street Addr	ress (P.O. Box Number is Not Accepted Control	(ble)		
	RIDGEWOOD DRIVE		450	DO GXECUTIVE	RIVE # 300		
	E 201		83				
NAPI	LES FL 33963		24 0		85 Zip Code_		
			84 City N	AP LES	FI ₂ 85 Zip Code 34/19		
11. Pursuar t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut as	, the above-named corp	oration submits this statement for the	purpose of changing its registered		
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was a ut gaticns of, Section 607,0505, Florid	norized by the corporation	on's board of directors. I hereby accep	t the appointment as registered		
	in samilal with all a capture obli	Jane+ Kelly	Vico Pa	esident 3	122/99		
SIGNATURE	Signature type or printed name of registered	0-0.01	egistered Agent signature requi e	d when reinstating)	DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR 3 IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	HARDY, ROBERT S		1.2 NAME		;		
STREET ADDRESS	6289 BURNHAM RD.		13 STREET ADDRESS		ļ		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	HARDY, ROBERT P		2.2 NAME				
STREET ADDRESS	6289 BURNHAM RD.		2.3 STREET ADDRESS				
CITY-ST-ZiP	NAPLES FL 34119		2. 4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition		
NAME	BARNARD, THOMAS L		32 NAME				
STREET ADDRESS	211 PINE VALLEY CIRCLE		3.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 33962		3.4. CITY-ST-ZIP				
TITLE	p	DELETE	41 TITLE		☐ Change ☐ Addition		
NAME	SMITH, CLARENCE		4.2 NAME				
STREET ADDRESS	1736 WATER ROLL DR.		4.3 STREET ADDRESS		·		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		<u> </u>		
TITLE	ST	☐ DELETE	51 TITLE		Change Addition		
NAME	KELLY, JANET		5.2 NAME				
STREET ADDRESS	4500 EXECUTIVE DR.		5.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP				
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME	KELLY, JANET		6.2 NAME				
STORET ADDRESS	AFON EVECUTIVE DD		6.3 STREET ADDRESS				

NAPLES FL 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 4500 EXECUTIVE DR.