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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

P95000043693 (7)

DOCUMENT #

TENNIS & GOLF PROPERTIES OF SOUTHWEST FLORIDA, I

Principal Place of Business Maling Address 16565 VANDERBILT DRIVE STE 2 16565 VANDERBILT DRIVE STE 2 **BONITA SPRINGS FL 33923** BONITA SPRINGS FL 33923 3. Date Incorporated or Qualified 05/30/1995 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Apolled For 65-058*5*604 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No

10. Name and Address of New Registered Agent Country Zισ 30 24 25 29 9. Name and Address of Current Registered Agent 81 Name STOPPS, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 16565 VANDERBILT DRIVE STE 2 BONITA SPRINGS FL 33923 A3 84 City Zip Code 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 Eknilda. Such change was authorized by the corporation's bound of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. State the following tell page of reserve states hard the discrete as the His Residenced Alenda Charlet OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition THILE 1.11000 STOPPS, WILLIAM E 1.2 NAME NAME 16565 VANDERBILT DRIVE STE 2 STREET ADDRESS 1.3 STREET ADDRESS **BONITA SPRINGS FL 33923** CITY - ST - ZIP 1.4 Cilly - ST - ZIP ☐ DELETE Change Addit on 2 1 Titit TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change TITLE 3 1 TITLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY - ST - 7/P 3.4.0(1Y ST-ZIP 700001797937 □ DELETE Add tion TITLE 4 1 TITLE 4.2 NAME NAME -04/29/96--01028--024 4.3 STHEET ADDRESS STREET ADDRESS ***200.00 C-TY-ST-ZIP 4.4 O1Y - ST. ZIP Addition DELETE Change 5 1 T-TLE TIFLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CHY-S!-7P CITY - ST - ZIP

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 oatri, 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.

6.1 TELE

6.2 NAME

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF JONING OFFICER OR DIRECTOR

DELETE

4-10-96

(911) 992-929 9

Change

Addition

CR2E034 (12/95)