

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

PROFIT
CORPORATION
ANNUAL REPORT
'1999'



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90009 045 ***300.00

DOCUMENT # P95000062332

1. Corporation Name

DOMINION DEVELOPMENT CORPORATION

Principal Place of Business

2201 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address

P O BOX 2105
PONTE VEDRA BEACH FL 32004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1995

4. FEI Number

59-3331313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

BRANT, MOORE SAPP, MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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 **D** ☐ DELETE
NAME **KASHOU, JOHN**
STREET ADDRESS **2201 SAWGRASS VILLAGE DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **V** ☒ DELETE
NAME **GALASKI, EDWIN**
STREET ADDRESS **95 PLAYERS CLUB VILLAS**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **VP** ☐ DELETE
NAME **KASHOU, JAMES**
STREET ADDRESS **2201 SAWGRASS VILLAGE DR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **AVP** ☐ DELETE
NAME **KASHOU, BRAHIM J**
STREET ADDRESS **2201 SAWGRASS VILLAGE DR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **AS** ☒ DELETE
NAME **KASHOU, CATHERINE N**
STREET ADDRESS **2201 SAWGRASS VILLAGE DR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-4-99

904-285-0550

CR2E034 (11/98)

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