FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

| • 1 | 996 | DIVISION OF | | _ | | | |
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| OCUM Corporation N | | 00083552 (6 | 5) | | | | |
| SUN HA | Arbour Club Develop | MENT, INC. | | | | | |
| opal Place o | f Business | Mailing Address | | 110010011111111111111111111111111111111 | | | ***** |
| OI LAUREL (| | 801 LAUREL OAK DRI | VE | | | | |
| UITE 640 | | SUITE 640 Naples FL 33963 | | | | | |
| IAPLES FL 3 | 3963 | MARLES FC 30300 | | 3. Date Incorporated or Qualified 10/30/1995 | 3a. Date of | | |
| Principal Plac | e of Business | 2a. Mailing Address | | 4. FEI Number | | <u></u> — ∔ — · | oplied For |
| | | 26 | | 65-0633873 | | \$8.75 | ot Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Fee Re | equired |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | , | May Be to Fees |
| | Country | Zip | Country | 8. This corporation has liability for | intangible tax | | |
| ζıb | 25 | 29 | 30 | Florida Statutes | No No | | |
| | 9. Name and Address of Curre | | | 10. Name and Address of New F | Registered Ag | gent | |
| | | | 81 Name | | | | |
| | /ARD, MARK J | | 82 Street Add | ress (P.O. Box Number is Not Acceptal: | ole) | | |
| - | IREL OAK DRIVE | | 83 | | | | |
| ALUTE A | | | | | | | |
| SUITE 6 | | | | | | 7:0 | Codo |
| NAPLES Pursuant to | FL 33963 | | | oration submits this statement for the pu ard of directors. I hereby accept the app | FL irpose of chan- pointment as re | ging its re | Code gistered office agent. I am |
| Pursuant to or registere familiar with | FL 33963 the provisions of Sections 607.050 dagent, or both, in the State of Flon, and accept the obligations of, Seignature, typed or printed name of registered age | otion 607,0505, Florida Statutes ont and title if applicable (No | es, the above-named corporated by the corporation's box | | rpose of chan pointment as re DATE FICERS AND I | ging its re egistered a | gistered offic agent. I am |
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941-394-1640

Daytime Phone #