WELLBAUM McLENNON ☎ 941 475 2927 04/30/97 11:33 [illegible] -02/03 NO:116

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012823 (6)

1. Corporation Name
CAPE HAZE MARINA VILLAGE REALTY, INC.

[redacted]

Principal Place of Business	Mailing Address
1600 ENGLEWOOD ROAD ENGLEWOOD FL 34223	1600 ENGLEWOOD ROAD ENGLEWOOD FL 34223-1919

3. Date Incorporated or Qualified: 02/09/1996
3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt. #, etc.: 1600 ESTHER ST.
22 City & State: ENGLEWOOD, FL
23 Zip: 34224
24 Country:

2a. Mailing Address
26 Suite, Apt. #, etc.: 1600 ESTHER ST.
27 City & State: ENGLEWOOD, FL.
28 Zip: 34224
30 Country:

4. FEI Number: 65-0759087 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

HART, JAMES E
1600 ENGLEWOOD RD.
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name: [illegible] KERRY KEATHLEY
82 Street Address (P.O. Box Number is Not Acceptable): 1600 ESTHER ST.
83
84 City: ENGLEWOOD FL 85 Zip Code: 34224

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: Kerry H. Keathley Pres. KERRY H. KEATHLEY 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HART, JAMES E 1600 ENGLEWOOD ROAD ENGLEWOOD FL 34223	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD KERRY KEATHLEY [redacted] 1600 ESTHER ST. ENGLEWOOD, FL. 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	200002214082 -06/17/97--01008--011 ***165.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	6-13	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Kerry H. Keathley April 30, 1997 941-424-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #