AMENDED

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Jul 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000029714 (8)

REVISION

1. Corporation Name: OCEAN ISLAND CLUB, INC.

Principal Place of Business: 101 WYMORE RD, SUITE 500, ALTAMONTE SPRINGS, FL 32714

Mailing Address: 101 WYMORE RD, SUITE 500, ALTAMONTE SPRINGS, FL 32714

3. Date Incorporated or Qualified: 04/04/1996

3a. Date of Last Report: 01/08/1997

2. Principal Place of Business
21 1101 N. LAKE DESTINY DR
Suite, Apt. #, etc. 22 SUITE 400
City & State 23 MAITLAND FL
Zip 24 32751 Country 25 ORANGE

2a. Mailing Address
26 1101 N. LAKE DESTINY DR
Suite, Apt. #, etc. 27 SUITE 400
City & State 28 MAITLAND FL
Zip 29 32751 Country 30 ORANGE

4. FEI Number: 59-3379101 — 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

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

**9. Name and Address of Current Registered Agent**

DELGUIDICE, FRED
101 WYMORE ROAD
SUITE 500
ALTAMONTE SPRINGS, FL 32714

**10. Name and Address of New Registered Agent**

81 Name: DELGUIDICE, FRED
82 Street Address (P.O. Box Number is Not Acceptable): 1101 N. LAKE DESTINY DR
83 SUITE 400
84 City: MAITLAND FL 85 Zip Code: 32751

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] FRED DELGUIDICE 6-13-97
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | D ☐ DELETE |
| NAME | DELGUIDICE, FRED |
| STREET ADDRESS | 101 WYMORE ROAD SUITE 500 |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
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| CITY-ST-ZIP | |
| 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 | 1101 N. LAKE DESTINY DR SUITE 400 |
| 1.4 CITY-ST-ZIP | MAITLAND FL 32751 |
| 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 | 100002228531 |
| 5.3 STREET ADDRESS | -07/02/97--01032--001 |
| 5.4 CITY-ST-ZIP | ***52.50 |
| 6.1 TITLE | ☐ Change ☐ Addition |
| 6.2 NAME | 900002228629 |
| 6.3 STREET ADDRESS | -07/02/97--01032--002 |
| 6.4 CITY-ST-ZIP | ***8.75 |

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:** [signature] FRED DELGUIDICE 6-13-97 407-660-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #