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

PROFIT
CORPORATION
ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changled, or on an attachment with a address.

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 02 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044122 (5)

GRANDE ISLAND VACATIONS - SANIBEL, INC.

Principal Place of Business Mailing Address 1630 PERIWINKLE WAY #C 1630 PERIWINKLE WAY #C SANIBEL FL 33957 SANIBEL FL 33957-4407 3. Date Incorporated or Qualified 3a. Date of Last Report 05/23/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For *45-0671883* 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country  $Z_{P}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 30 Florida Statutes ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOOD, JOAN M 1630 PERIWINKLE WAY #C 82 Street Address (P.O. Box Number is Not Acceptable) SANIBEL FL 33957 83 84 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: Regis cred Agent signature required when reinstating DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE GOOD, JOAN M NAME 12 NAME 1630 PERIWINKLE WAY #C STREET ADDRESS 13 STREET ADDRESS SANIBEL FL 33957 CITY-ST-ZIP 1,4 CITY - \$1 - 7(P DELETE Change Addition TITLE 2.1 TITLE Hanna, Joseph R NAME 2:2 NAME 1630 PERIWINKLE WAY #C STREET ADDRESS 2.3 STREET ADDRESS SANIBEL FL 33957 CITY-ST-ZIP 2, 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 1015 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3,4. CITY - ST - Z(P DELETE Change TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZiP DELETE 5.1 TITLE ☐ Change ■ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5,4 CITY- ST - ZIP DELETE Change Addition TITLE 6 1 111LE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6,4 CHY-ST-ZIP

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 eath; 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