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

**PROFIT CORPORATION** ANNUAL REPORT

1998

Suite, Apt. #, etc.

officer or director of the corporation of Block 12 or Block 13 if changed, or or

SIGNATURE:



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

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 2. Principal Place of Business 2a. Mailing Address

Suite, Apt. #, etc.

**FILED** Apr 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

4/21/60 941-472-5322

Applied For Not Applicable

\$8.75 Additional

Fee Required

3. Date Incorporated or Qualified

05/23/1996

65-0671883

5. Certificate of Status Desired

4. FEI Number

City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	у	This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
GOOD, JOAN M				Name	
1630 PERIWINKLE WAY #C SANIBEL FL 33957			82	Stre	et Address (P.O. Box Number is Not Acceptable)
			83	<del> </del>	
			84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obl	te of Florida. Such change was	authorized b	y the c	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered in	gent and title if applicable. (NO	TE Registered Ag	ent signa	ature required when reinstating) DATE
12,	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	GOOD, JOAN M		1.2 NAME		
STREET ADDRESS	1630 PERIWINKLE WAY #C		1.3 STREET	T ADDRES	is
CITY-ST-ZIP	SANIBEL FL 33957		1.4 CITY - 8	ST-ZIP	
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Hanna, Joseph R		2.2 NAME		
STREET ADDRESS	1630 PERIWINKLE WAY #C		2.3 STREET	T ADDRES	is
CITY-ST-ZIP	SANIBEL FL 33957		2. 4 CHY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET	r addres	is i
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	T ADDRES	is
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	T ADDRES	is
CITY-ST-ZIP			5.4 CiTY-5	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRES	ıs
CITY-ST-ZIP			6.4 CITY-5		
indicated	on this annual report or supplemen	stal annual report is true and ac-	curate and th	at my i	lated in Section 119.07(3)(I), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath, that I am an as required by Chapter 607, Florida Statutes; and that my name appears in