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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000058107 (9)

RESORT REALTY ASSOCIATES, INC.

Principal Place of Business Mailing Address 90 SEAGATE DR. 90 SEAGATE DR. NAPLES FL 34103-2470 NAPLES FL 34103 3. Date Incorporated or Qualified 3a. Date of Last Report 07/11/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SALVATORI, LEO J 4501 TAMIAMI TRAIL NORTH Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 300 83 NAPLES FL 33940-3060 84 City 85 Zip Code 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: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE President 12 NAME NAME Roger D. Withers STREET ADDRESS 1.3 STREET ADDRESS 90 Seagate Drive Naples, FL 34103 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition D, VP, S, T 2.1 TITLE TITLE Thomas Becnel 2.2 NAME NAME 101 LaRue France, #500 STREET ADDRESS 2.3 STREET ADDRESS Lafayette, LA 70508 CITY-ST-2IP 2.4 CITY-S1-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-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 of Fourier 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** Jun 12 1997 8:00am Secretary of State

