

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90002 008 ***150.00

DOCUMENT # **P96000058107**

1. Corporation Name

RESORT REALTY ASSOCIATES, INC.

Principal Place of Business

**60 SEAGATE DRIVE
#306
NAPLES FL 34103**

Mailing Address

**101 LA RUE FRANCE
SUITE 500
LAFAYETTE LA 70508**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1996

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 15000-A EMERALD COAST PKWY

2a. Mailing Address

26 15000-A EMERALD COAST PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
DESTIN, FL

City & State

28 DESTIN, FL

Zip Country

24 32541 25 U.S.A.

Zip Country

29 32541 30 U.S.A.

9. Name and Address of Current Registered Agent

**SALVATORI, LEO J
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 33940-3060**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WITHERS, ROGER D
STREET ADDRESS 90 SEAGATE DR
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE DVST
NAME BECNEL, THOMAS
STREET ADDRESS 101 LARUE FRANCE, #500
CITY-ST-ZIP LAFAYETTE LA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME E.L. MATTHEWS
1.3 STREET ADDRESS 15000-A EMERALD COAST PKWY.
1.4 CITY-ST-ZIP DESTIN, FL 32541

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: **E. L. MATTHEWS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 **(850) 650-9999**
Date Daytime Phone #

CR2E034 (11/98)