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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90107 048 ***150.00

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561-487.0700

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075405

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

WATER CLUB II DEVELOPMENT, INC.

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Principal Place of Business - Mailing Address									
7227 CLINT MOORE ROAD 7227 CLINT MOORE ROAD						1			
BOCA RATON FL 33496 BOCA RATON FL 33496						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed			
						09/10/1996			
2. Principal P	lace of Business	2a. 'Mailing Address		_		4. FEI Number			Applied For
21	•	26				65-07 19084			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	3		Additional
22 27						3. 35.1113		Fee	Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current		ngible	□No
24 25 29						Personal Property Tax. Large Large 10. Name and Address of New Registered Agent			
	9. Name and Address of Curro	ent Registered Agent		81	Name	10. Name and Address of New Reg.	318180 7	ABIII	
ICAF	RD, MERRILL, CULLIS, TIMM, E	T. AL.			L				
ATTN: MICHAEL J. FUREN				82	Street Addr	Address (P.O. Box Number is Not Acceptable)			İ
	MAIN STREET #600			83					
_	ASOTA FL 34237								
				84	City		FL	85 Zi	ip Code
44 Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	es the a	Li bove	-named corp	oration submits this statement for the pur	nose of o	hanging	its registered
office or n	egistered agent, or both, in the Stat	e of Florida. Such change was a	uthorized	i oy i	tne corporation	on's board of directors. I hereby accept the	e appoin	tment as	registered
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505, Flo	nda Stati	utes.	•				ļ
SIGNATURE	Signature, typed or printed name of registered a	nent and title if applicable. (NOTE	Registered	Agen	t signature require	d when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TI	īLE				Chang	e 🗍 Addition
NAME	ANSEL, JEROME V		1.2 N	AME	ļ				}
STREET ADDRESS	7227 CLINT MOORE ROAD		1.3 51	1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 CI	TY-ST	T-ZIP _				
TITLE	V DELETE		2.1 70	2.1 TITLE				Chang	ge
NAME	RETSMA, RONALD A		2.2 N	AME)				}
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NAME			3.2 N	AME	1				j
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CITY-ST-ZIP		_ 		TY-S1	T-ZIP				
TITLE		☐ DELETE	5.1 TI		l			Chang	ge Addition
NAME			5.2 N		- +				,
STREET ADDRESS					ADDRESS {				Ì
CITY-ST-ZIP	<u> </u>			TY-S	i-ZIP			Chang	ze ☐ Addition
TITLE	. •	☐ DELETE	6.1 TI	ILE	-			□ Cuan(te Magninu

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with the litting 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 aprilial 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 of the receiver of the 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 architectment with an address, with all other like empowered.