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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

SIGNATURE:

DOCUMENT # 1. Corporation Name P96000080963 (7)

Mailing Address

STEVENS R.V. RESORTS, INC.

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
5775 - 22ND AVENUE SOUTHWEST 5775 - 22ND AVENU		OUTHWEST			
NAPLES FL 34116	NAPLES FL 34116	PLES FL 34116		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/27/1996	
2. Principal Place of Business	2a. Mailing Address		-	4. FEI Number Applied For	
				65-0706675 Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				- \$8.75 Additional	
22	27	,p ,		5. Certificate of Status Desired Fee Required	
City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23	28			Trust Fund Contribution	
Zip Country	Zip	Zip Country		8. This corporation owes or has paid the current year Intangible	
24 25	29	29 30		Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CONROY, J T III		81	I Nam	ne	
MORRISON & CONROY, P.	-A-	82	Stree	et Address (P.O. Box Number is Not Acceptable).	
975 SIXTH AVENUE SOUTH #101			3838 TANIABI TRAIL NORTH, SUITEY		
NAPLES FL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	83	3		
100 250 12			11 011	log 7 Tip Code	
		84	1 1	A \$4 E S , FL 3 FL 85 Zip Code 3 4 103	
11. Pursuant to the provisions of Section	s 607,0502 and 607,1508, Florida Statutes	s, the abov	/e-name	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	
office or registered agent, or both, in	the State of Florida, Such change was au	uthorized b	y the co	orporation's board of directors. I hereby accept the appointment as registered	
	tile obligations of, decitor dov. 3505, from	ida otaldie		·	
SIGNATURE Signature, typed or printed name of a	registered agent and title if applicable. (NOTE:	Registered Ac	jent signati	ture required when reinstating) DATE	
	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE		Change Addition	
NAME STEVENS, JAMES O		1.2 NAME			
STREET ADDRESS 5775 - 22ND AVENUE SOUTHWEST		1.3 STREET ADDRESS		s	
CITY-ST-ZIP NAPLES FL 34116		1,4 CITY-	ST-ZIP		
TITLE ST	☐ DELETE	2.1 TITLE		Change Addition	
NAME STEVENS, PAT		2.2 NAME			
STREET ADDRESS 5775 22ND AVE SW		2.3 STREE	T ADDRESS	s	
CITY-ST-ZIP NAPLES FL		2. 4 CITY-	-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREE	T ADDRESS	s	
CITY-ST-ZIP		3.4. CITY			
TITLE	☐ DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAME	Ε		
STREET ADDRESS		4.3 STREE	T ADDRESS	s	
CITY-ST-ZIP		4.4 CITY-	-	}	
TITLE	☐ DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS			T ADDRESS	s	
CITY-ST-ZIP		5.4 CITY -			
TITLE	DELETE	6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS			Et address	s	
l .		6.4 CITY-			
14. I hereby certify that the information s	supplied with this filing does not qualify for	r the evern	ntion etc	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
lantante de la constata constata de con	aniomental annual report is true and accu	irota and fi	nat muc	eignatura shall nave the same legal effect as it made under oaid: toal Laid at L. L.	
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.					