

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000008551 (8)

1. Corporation Name
TCG CARLISLE LAKES, INC.



Principal Place of Business
2121 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2937 S.W. 27th Ave	26 2937 S.W. 27th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #303	27 #303
City & State	City & State
23 Coconut Grove FL	28 Coconut Grove, FL
Zip	Zip
24 33133	29 33133
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified

01/28/1997

4. FEI Number

☒ 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOGGIO, LLOYD J
2121 PONCE DE LEON BLVD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83 #303
84 City
Coconut Grove FL
85 Zip Code
33133

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

OFFICERS AND DIRECTORS

TITLE	0	DELETE
NAME	MARCUS, STEWART I	
STREET ADDRESS	2121 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	0	DELETE
NAME	BOGGIO, LLOYD	
STREET ADDRESS	2121 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	0	DELETE
NAME	GREER, BRUCE	
STREET ADDRESS	2121 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2937 S.W. 27th Ave #303
2.4 CITY-ST-ZIP	Coconut Grove FL 33133
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2937 S.W. 27th Ave #303
3.4 CITY-ST-ZIP	Coconut Grove, FL 33133
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

4/17/98 (302) 176-8118

CR2E034 (10/97)