

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
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90088 023 ***150.00

DOCUMENT # P97000017563

1. Corporation Name

FIFTH GREEN DEVELOPERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
385 HIGHWAY 98 EAST STE 60
DESTIN FL 32541

Mailing Address
385 HIGHWAY 98 EAST STE 60
DESTIN FL 32541

3. Date Incorporated or Qualified

02/18/1997

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24

25

28 Zip Country

29

30

4. FEI Number

59-3429436

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

9. Name and Address of Current Registered Agent

LEGLER, MITCHELL W
ONE INDEPENDENT DRIVE
STE 3104
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

LEGLER, MITCHELL W.

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

300A Wharfside Way

83

84 City

Jacksonville

FL

85

Zip Code
32207

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

Mitchell W. Legler
Signature, typed or printed name of registered agent and title if applicable.

Mitchell W. Legler

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BOS, PETER H	
STREET ADDRESS	385 HIGHWAY 98 EAST STE 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	CLAUSON, GREG	
STREET ADDRESS	385 HWY 98 E, STE 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LORENZEN, DWIGHT C	
STREET ADDRESS	385 HWY 98 E, STE 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARKER, WENDY	
STREET ADDRESS	385 HWY 98 E, STE 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURKE, GAIL	
STREET ADDRESS	385 HWY 98 E, STE 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUSFIELD, DAVID A.	
1.3 STREET ADDRESS	385 Hwy 98E, Ste 60	
1.4 CITY-ST-ZIP	Destin, FL 32541	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLAUSON, GREG	
2.3 STREET ADDRESS	385 Hwy 98E, Ste 60	
2.4 CITY-ST-ZIP	Destin, FL 32541	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

Peter H. Bos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter H. Bos

4/9/99

850-654-6500

Date

Daytime Phone #

CR2E034 (11/98)