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FILED
May 11 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 # P97000048233 (5)

1. Corporation Name

RONTO GOLF ESTATES, INC.



Principal Place of Business

277 NORTH COLLIER BLVD. 2ND FLOOR
MARCO ISLAND FL 34145

Mailing Address

277 NORTH COLLIER BLVD. 2ND FLOOR
MARCO ISLAND FL 34145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

2. Principal Place of Business

21 3185 Horseshoe Dr. S

Suite, Apt. #, etc.

22 First Floor

City & State

23 Naples, FL

Zip

24 34104

Country

25 USA

2a. Mailing Address

26 3185 Horseshoe Dr. S.

Suite, Apt. #, etc.

27 First Floor

City & State

28 Naples, FL

Zip

29 34104

Country

30 USA

4. FEI Number

59-3464745

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

SOLOMON, A. JACK

277 NORTH COLLIER BLVD, 2ND FLOOR

MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name

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

3185 Horseshoe Drive South

83

First Floor

84

City

Naples, FL

FL

85

Zip Code

34104

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

SOLOMON, A. JACK

STREET ADDRESS

3185 Horseshoe Drive South

CITY-ST-ZIP

Naples, FL 34104

TITLE

VP

NAME

Mark S. Taylor

STREET ADDRESS

3185 Horseshoe Drive South

CITY-ST-ZIP

Naples, FL 34104

TITLE

ST

NAME

WELKS, Karen E.

STREET ADDRESS

3185 Horseshoe Drive South

CITY-ST-ZIP

Naples, FL 34104

TITLE

VP

NAME

LESPERANCE, Angela

STREET ADDRESS

3185 Horseshoe Dr. South

CITY-ST-ZIP

Naples, FL 34104

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

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

[Signature]

4/29/98 1941049-10310

CR2E034 (10/97)