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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

90 MPR 27 MI 10: 13

DESCRIPTION OF STATE MALLANASSEE, FLORIDA

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # | P97000065364 |
|-------------------|-----------------------------------------|
| 4 Commention Name | 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

Corporation Name

VILLAGES OF SOUTHPORT, INC.

| Principal Plac | ce of Business | Mailing Address | | | | |
|----------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------|----------------------------|--------------------------------------------------------------------------------------------|----------------------------------------|
| 1551 SANDSPU | | P.O. BOX 4961 ORLANDO FL 32802-4961 | | | | |
| | 02.01 | Chemico de desde 4500 | | | DO NOT WRITE IN T | HIS SPACE |
| | | | | | 3. Date incorporated or Qualified | |
| | | | | | 07/29/1997 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 59-3464675 | Not Applicab |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired [] | \$8.75 Additional |
| 22 | | 27 | | | S. Control of Control of Silver | Fee Required |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 65.5 | 28 | C | | Trust Fund Contribution | Added to Fees |
| Zip | Country C-1 | Zip [| Country 1 | • | 8. This corporation owes the current year | |
| 24 | 9. Name and Address of Current | | 30 | | Personal Property Tax 10. Name and Address of New Register | |
| | 5. Name and Address of Current | Registered Agent | 81 | Name | W. Name and Modress of New Register | eo Agent |
| B&C | CORPORATE SERVICES OF CEI | NTRAL FLORIDA | | | | |
| 390 | N. ORANGE AVE., STE. 1100 | | 82 | Street Addr | 'ess (P.O. Box Number is Not Acceptable) | |
| ORL | ANDO FL 32801 | | 83 | 1 | | |
| | | | Į | | | |
| | | | 84 | City | | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607 0502 | and 607.1508. Florida Štalutes | the abov | l e-pamed com | oration submits this statement for the purpose | of changing its registered |
| office or re | registered agent, or both, in the State of im familiar with, and accept the obligat | of Florida, Such change was aut | horized by | the corporation | on's board of directors. I hereby accept the ap | pointment as registered |
| ū | ин такинак w itin, and accept the obligat | ions or, section portusos, mone | ia Statutes | | | |
| SIGNATURE | Signature, typed or printed name of registeres; agent | and this if applicable (NOTE R | legistice LAgo. | ts just or teal or | twist in establish | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE | D | [DELETE | 11 THEF | 0 | PST | Change [] Additi |
| NAME | GINSBURG, ALAN H | | 1.2 NAME | 611 | NSBURG, ALAN H. | |
| STREET ADDRESS | 1551 SANDSPUR RD | | 1351REF | ADDRESS 155 | 51 SANDSPUR ROAD | |
| CITY-ST-ZIP | MAITLAND FL 32751 | | 14 CITY - S | 1-261 MA | AITLAND, FL 32751 | |
| TITLE | | [] DETELE | 2 (10) LF | V |) ´ | [] Change XAdddr |
| NAME | | | 2.2 NAM: | B | eck, Jay P. | |
| STREET ADDRESS | | | 235TREE | ADDRESS 153 | 51 SANDSPUR ROAD | |
| CITY-ST-ZIP | | () = | 2.4 Cff + 5 | 1-24 M | ITLAND, PC 32751 | |
| TITLE | | (I DELETE | 3 t TITLE | V | | [Change [XAddib |
| NAME | | | 3.2 NAME | | ARRINO, MICHAEL J. | |
| STREET ADDRESS | | | 3351REF | | 51 SANDSPUR ROAD | |
| CITY-ST-ZIP | | [Drutti | 34 City S | 1.710 | AITLAND, FL 32751 | Commercial (Notation |
| TITLE | | [DETELE | 411/716 | V | | [Change [XAddib |
| NAME | | | 4 2 NAME | 91 | nsburg, Jeffrey S. | |
| STREET ADDRESS | | | 4351Ki F | AUDRESS [155 | A SANDSPUR ROAD | |
| CITY-ST-ZIP | | [DELETE | 44601-8 51106 | ·/· /// | HITUAND, PC 32751 | المامانا عبر موسط⊈ا |
| NAME | | () Diccit | 5 2 NAME | } | 40000285 40000285 | |
| STREET ADDRESS | | | 5351KE1 | ADDRESS | -114/30/95 | 00 *********************************** |
| CITY-ST-ZIP | | | 54 CHY-SI | | ****150. | FIG. www.r.J. |
| TITLE | | [] DELETE | 61 TIFLE | 1 | | [Change [) dditio |
| NAME | | | 6.2 NAMS | | | triang congress |
| STREET ADDRESS | | | 635[KEF] | ACYORESS | | |
| CITY-ST-ZIP | | | 64 CHY-51 | 1 | | |
| 14 hereby o | ertify that the information supplied with | this filing does not qualify for the | ∎ ie exempti | no stated to Si | estion 119 07(3)(i) Florida Statutes I further | certify that the information |
| indicated of | on this annual report of supplemental | annual report is true and accura | te and that | rny signature | shall have the same legal effect as if made u | nder outh; that I am an |
| Block 12 c | or Block 13 if changed, or on an alragi | er or trustee empowered to exc ment with an address, with all o | ther like er | aporcas requir npowered | shall have the same logal effect as if made used by Chapter 607, Flonda Statutes, and that | сту паше арреату и |

SIGNATURE:

TURN NO TYPE I OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

407/741-8500