

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90010 010 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000077469

1. Corporation Name  
 OUTDOOR RESORTS OF NAPLES, INC.



Principal Place of Business: % PASSIDOMO & SIKET, 2540 GOLDEN GATE PARKWAY SUITE 315, NAPLES FL 34105  
 Mailing Address: % PASSIDOMO & SIKET, 2540 GOLDEN GATE PARKWAY SUITE 315, NAPLES FL 34105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1997  
 4. FEI Number: 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: No

2. Principal Place of Business: 21 2400 CRESTMOOR RD., 22 SUITE 200, 23 NASHVILLE, TN, 24 37215  
 2a. Mailing Address: 26 2400 CRESTMOOR RD., 27 SUITE 200, 28 NASHVILLE, TN, 29 37215

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, R S  
 2640 GOLDEN GATE PARKWAY  
 SUITE 315  
 NAPLES FL 34105

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City: FL, 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SCHOELLHORN, ROBERT A	1.2 NAME	
STREET ADDRESS	2400 CRESTMOOR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TX 37215	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HENDERSON, E R JR	2.2 NAME	
STREET ADDRESS	2400 CRESTMOOR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TX 37215	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GROSS, SHELDON J	3.2 NAME	
STREET ADDRESS	2400 CRESTMOOR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TX 37215	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	ASSISTANT SECRETARY
NAME		4.2 NAME	RONALD W. BETTY
STREET ADDRESS		4.3 STREET ADDRESS	2400 CRESTMOOR RD, SUITE 200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Ronald W. Betty REQUIRED 7-19-99 615-244-5237  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)