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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

1. Corporation Name

Principal Place of Business

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS P97000090188 (8)

Mailing Address

SILVER HARBOR LODGE, INC.

4400 PGA BLVD STE 800 4400 PGA BLVD STE 800 PALM BEACH GDNS FL 33410 PALM BEACH GDNS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/20/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution 23 28 Country Ζıp Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent p. Name and Address of Current Registered Agent 81 Name ROYCE, RAYMOND W 4400 PGA BLVD STE 800 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GDNS FL 33410 83 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 agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam 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 (NOTI: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change 1.1 TITLE TITLE ROYCE, RAYMOND W 1.2 NAME NAME 4400 PGA BLVD STE 800 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GDNS FL 33410 CITY-ST-ZIP 14 OTY-ST-ZIP Addition Change DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change Addition 3.1 THTL8 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. C(1Y - S1 - Z) CITY-ST-ZIP Change Addition DELETE 4 1 THLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 5 1 THE TITLE 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS

5.4 CHY-ST-ZIE

6.3 STREET ADDRESS 6 4 CITY - ST - ZIP

6 1 THLE

6.2 NAME

DELETE

14. Thereby 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 had my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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. 561-624-3900

Addition

Change

FILED

Apr 13 1998 8:00am

Secretary of State