

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000106031 (2)**

1. Corporation Name

**EMERALD DUNES-BONAVENTURE, INC.**

Principal Place of Business  
**2100 EMERALD DUNES DR  
WEST PALM BEACH FL 33411**

Mailing Address  
**2100 EMERALD DUNES DR  
WEST PALM BEACH FL 33411**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>12/17/1997</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b>	<b>27</b> Suite, Apt. #, etc.	<b>28</b> City & State	<b>29</b> Zip	<b>30</b> Country
<b>22</b> City & State	<b>23</b> Zip	<b>24</b> Country	<b>25</b>	<b>26</b>	<b>27</b>
<b>28</b> City & State		<b>29</b> Zip		<b>30</b> Country	
<b>21</b>		<b>22</b>		<b>23</b>	
<b>24</b>		<b>25</b>		<b>26</b>	
<b>27</b>		<b>28</b>		<b>29</b>	
<b>30</b>		<b>31</b>		<b>32</b>	

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

05-0800368

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CHERRY, RICHARD G  
1685 PALM BEACH LAKES BLVD., SUITE 600  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>1.2 NAME</b>	<b>PRESIDENT</b>
<b>STREET ADDRESS</b>		<b>1.3 STREET ADDRESS</b>	<b>RAYMON R. FINCH III</b>
<b>CITY-ST-ZIP</b>		<b>1.4 CITY-ST-ZIP</b>	<b>2100 EMERALD DUNES DRIVE</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>2.2 NAME</b>	<b>CHAIRMAN</b>
<b>STREET ADDRESS</b>		<b>2.3 STREET ADDRESS</b>	<b>RAYMON R. FINCH, JR.</b>
<b>CITY-ST-ZIP</b>		<b>2.4 CITY-ST-ZIP</b>	<b>2100 EMERALD DUNES DRIVE</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	<b>WEST PALM BEACH FL 33411</b>
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

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, trustee, or 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:

*Raymond R. Finch III*

2/11/98 (561)687-1700

CR2E034 (10/97)