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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 P97000106972 (7) DOCUMENT #

PARADISE GOLF PROPERTIES, INC.

FORT MYERS FL 33908

**FILED** Apr 17 1998 8:00am Secretary of State

Zip Code

16410 MILLSTONE CIRCLE #103 FORT MYERS FL 33908		16410 MILLSTONE CIRCLE #103 FORT MYERS FL 33908		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
2. Princip	al Place of Business	2a. Mailing Address	<u> </u>	12/19/1997 4. FEI Number	Applied For		
21		26 P.O. BOX 085	18	52-207-4231	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & 5	State	City & State  28 FT. MYEBS, FLORE	eroA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 33908 30 Cc	LEE	This corporation owes or has paid the current Personal Property Tax due June 30.	rrent year Intangible Yes 🔀 No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
* 17	LOSEY, DANIEL R 10410 MILLSTONE CIRCLE	20 ROX 08518	81 Name 82 Street Addi	ress (P.O. Box Number is Not Acceptable)			

City

office or registered agent, or both, in the State of Florida Scalabes, the above-hamed corporation submits this statement for the purpose or 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			··							
12.	Signalure, typed or printed name of registered agent and title if applic OFFICERS AND DIRECTORS		13.	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE DIRECTOR	CINITO				
TITLE	D OFFICERS AND DIRECTORS	DELETE	1.1 TITLE	OPESIDENT ID	Change	Addition				
1		C Diffir				L Addition				
NAME	LOOSEY, DANIEL R		1.2 NAME	DANIEL R. LOSEY 16410 MILLSTONE CIRCLE,	サルス					
STREET ADDRESS	16410 MILLSTONE CIRCLE, #103		1.3 STREET ADORESS	16410 MILLSTONE CIECLE	,,,,,	J				
CITY-ST-ZIP	FORT MYERS FL 33908		1.4 CITY-ST-ZIP	FT MYERS FL 33901						
TITLE		DELETE	2.1 TITLE	DITIS '	Change	Addition				
NAME			2.2 NAME	TONYA LOSEY	#					
STREET ADDRESS			2.3 STREET ADDRESS	TONYA LOSEY 16410 MILLSTONE LIRC FT MYERS FL 33908	LE # 103	ļ				
CITY-ST-ZIP			2. 4 CITY - ST-ZIP	FT MYERS FL 33908	· · · · · · · · · · · · · · · · · · ·					
TITLE		DELETE	3.1 TITLE		Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-\$1-ZIP			3.4. CITY - ST - ZIP	}						
TITLE		DELETE	4.1 TITLE		Change	☐ Addition				
NAME		•	4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY - ST - ZIP			{				
TITLE		DELETE	5.1 TITLE		Change	Addition				
NAME ]			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>						
TITLE		DELETE	6.1 TITLE		Change	☐ Addition				
name.			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY - ST - ZIP			6.4 CITY - ST - ZIP							

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 of 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 coprison of 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 of an attachment with an address.

SIGNATURE:

941-849-1270