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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108347

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

VILLAS BY THE SEA DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
8085 N ATLANTIC AVE CAPE CANAVERAL FL 32920	8085 N ATLANTIC AVE CAPE CANAVERAL FL 32920
ON E OFFICE TE OFFICE	••••

FILED Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90045 037 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/26/1997 Applied For 2a, Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable APPLIED FOR 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. \Box 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Country □No Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SOILEAU, JOHN L Street Address (P.O. Box Number is Not Acceptable) 82 1970 MICHIGAN AVE, BLDG C COCOA FL 32922 83 84 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DELETE 1,1 TITLE TITLE 1.2 NAME NAME RUMBLE, GEORGE 8085 N ATLANTIC AVE 1.3 STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME FISHER, KAREN R NAME 2.3 STREET ADDRESS STREET ADDRESS 8085 N ATLANTIC AVE CAPE CANAVERAL FL 32920 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 41 TITLE TITLE 4, 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME

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 and between the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and between the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and between the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and between the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE

CR2E034 (11/98)