

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90153 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000000816

1. Corporation Name

RESORT DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

151 REGIONS WAY, BUILDING 1, SUITE A  
DESTIN FL 32541

151 REGIONS WAY, BUILDING 1, SUITE A  
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number

59-3485930

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 195 DURANGO RD 3d

2a. Mailing Address

26 PO Box 1647

Suite, Apt. #, etc.

22 Destin, FL

Suite, Apt. #, etc.

27 Destin, FL

City & State

23 32541 US

City & State

28 32540 US

Zip

Country

Zip

Country

24 25

29 30

9. Name and Address of Current Registered Agent

DEARMON, A. DELYS

151 REGIONS WAY, BUILDING 1, SUITE A  
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

Charles A Webb III

82 Street Address (P.O. Box Number is Not Acceptable)

195 Durango Rd. Unit 3d

83 Destin, FL

32541

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

Charles A. Webb III

Charles A Webb III

4-15-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WEBB, CHARLES A III

STREET ADDRESS P.O. BOX 805 N/A

CITY-ST-ZIP DESTIN FL 32540

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Webb, Charles A III

1.3 STREET ADDRESS 195 Durango Rd Unit 3d

1.4 CITY-ST-ZIP Destin, FL 32541

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Charles A. Webb III

4-15-99 8506542015

CR2F034 (1/1/98)