Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90018 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000010147

SHANNON RESORT & CLUB GROUP				, INC-				
Principal Place of Business				Mailing Address				
444 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228			444 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228					DO NOT WRITE IN THIS SPACE
·								3. Date Incorporated or Qualifed 01/28/1998
Principal Place of Business 21			2a. Mailing Address					4. FEI Number 3 5 0 2 9 63 Applied For Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip		Country		Zip	Cou	ntry		8. This corporation owes the current year Intangible
24		25 and Address of Current	29 Pogis		30	_		Personal Property Tax.
	y. Name	and Address of Current	regis	oreian whall		81	Name	
Harrell, Donald J 1776 Ringling BLVD				82 Street Ad				ot Address (P.O. Box Number is Not Acceptable)
SARASOTA FL 34236								
						84	City	FL 85 Zip Code
office or r agent. I a SIGNATURE	egistered ag m familiar wi	ent, or both, in the State of th, and accept the obligation or printed name of registered agent	Flori ons of	da. Such change was at f, Section 607.0505, Flor	ithonzed ida Stati	i by Lites	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered e required when reinstating) DATE
12.		OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE				☐ DELETE	1.1 TD	TLE		Change Addition
NAME .					1.2 N			W. SHANE EAGAN 444 GULF OF MEXICO DR
STREET ADDRESS			1				ADDRESS	S 444 Gull 00 11 3477 9
CITY-ST-ZIP					1.4 CI	_	T-ZIP	LONGBOAT KEY FL 34228
TITLE				☐ DELETE	2.1 TT			
NAME					2.2 NA			TOM RASMUSSEN S 444 GULF OF MEXICO DR
STREET ADDRESS							FADDRESS	LONGBOAT KEY FL 34228
CITY-ST-ZIP			<u> </u>	DELETE	2. 4 C	_	ST-ZIP	Change Addition
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CITY-ST-ZIP					5.4 CI		T-ZIP	
TITLE				☐ DELETE	6.1 TT	TLE		Change Additi
NAME	}				6.2 N/			
STREET ADDRESS	I		1		6.3 ST	REE	FADDRESS	s .

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 eport 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 receive or further 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 attachnique with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP