

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90112 026 ***150.00

DOCUMENT # P98000015914

1. Corporation Name

VILANO BEACH HOTEL, INC.



Principal Place of Business

975 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32086

Mailing Address

975 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1998

4. FEI Number

59-3492776

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 3209 Sawgrass Village
Suite, Apt. #, etc. Circle

2a. Mailing Address

26 3209 Sawgrass Village
Suite, Apt. #, etc. Circle

22 City & State

23 Ponte Vedra Fla

24 Zip Country

32082

27 City & State

28 Ponte Vedra Beach Fla

29 Zip Country

32012

9. Name and Address of Current Registered Agent

HAGLER, KENNETH D
5 PALM ROW
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

Lisa C Savage

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

3209 Sawgrass Village Circle

83

84 City

Ponte Vedra

FL

85 Zip Code

32082

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

Lisa C Savage

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President/Secretary/Director

☐ Change ☒ Addition

1.2 NAME

Lisa C Savage

1.3 STREET ADDRESS

3209 Sawgrass Village Circle

1.4 CITY-ST-ZIP

Ponte Vedra Fla 32082

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a letter like empowered.

SIGNATURE:

Lisa C Savage

4/22/99 904-273-9900

Date

Daytime Phone #

CR2E034 (1/98)