

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90075 031 ***150.00

DOCUMENT # P98000020679

1. Corporation Name

PARADISE GOLF SCHOOLS, INC.

Principal Place of Business

POST OFFICE BOX 1953
MARCO ISLAND FL 34146

Mailing Address

POST OFFICE BOX 1953
MARCO ISLAND FL 34146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

59-3565951

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

21 571 S. COLLIER BLVD

Suite, Apt. #, etc.

22 2nd FLOOR

City & State

23 MARCO ISLAND FL

Zip

24 34145 25 USA

2a. Mailing Address

26 P O BOX 2452

Suite, Apt. #, etc.

27

City & State

28 MARCO ISLAND FL

Zip

29 34146 30 USA

9. Name and Address of Current Registered Agent

STONIER, RHONDA G
1024 ANGLER'S COVE #208
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name

RHONDA G. STONIER

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

571 S. COLLIER BLVD 2nd Floor

83

84

City MARCO ISLAND FL

85 Zip Code

34145

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

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

RHONDA G. STONIER

3/15/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STONIER, RHONDA G
STREET ADDRESS 1024 ANGLER'S COVE #208
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS P O BOX ~~1853~~ 1853
1.4 CITY-ST-ZIP MARCO ISLAND FL 34146

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Rhonda G. Stonier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RHONDA G. STONIER

Date

Daytime Phone #

3/15/99

941

394-5830

CR2E034 (11/98)