**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800053819

1. Corporation Name

RESORT PROPERTY MANAGEMENT COMPANY OF DESTIN, IN

Principal Place of Business

Mailing Address

101 LA RUE FRANCE. SUITE 500

101 LA RUE FRANCE. SUITE 500

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90113 025 \*\*\*150.00



CAPACITIE DA 7000		DRIVIETIC DA 1000			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				
						06/16/1998				
2. Principal Place of		2a. Mailing Address				4. FEI Number			Applied For	
21 15000 Emei	rold Coast Parkway	26 15000 Emerold	Coast	Park	way	59-3528247			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- /	5. Certificate of Status Desired		·	5 Additional	
22		27							Required	
City & State		City & State				6. Election Campaign Financing			00 May Be	
23 Destin	FL	28 Destry FL	Country			Trust Fund Contribution			ed to Fees	
Zip	Country	Zip	٦ ′			<ol> <li>This corporation owes the current Personal Property Tax.</li> </ol>	ent year inta	ingible ∐Yes	□No	
24 32541	25 25 26 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28	29 3254 30	<u>'</u>			10. Name and Address of New R	egistered A			
	taile and Address of Corrent	registered Agent	81	Name		Talle and Acade of Control				
NAPLES-LAWDOCK, INC.										
401 TAMIAMI TRAIL NORTH, SUITE 300				Street	Addres	ss (P.O. Box Number is Not Accepta	ble)			
NAPLES FL	83									
		•	ļ					- <del>7</del>		
: T			84	City			FI	85	Zip Code	
11 Dummant to the r	provisions of Sections 607 0602	and 607 1508 Florida Statutes	the above	-named	Corno	ration submits this statement for the	purpose of o	hanging	its registered	
office or registere	ed agent, or both, in the State of	Florida. Such change was auth	iorized by	the corp	oration	n's board of directors. I hereby accep	the appoin	tment a	s registered	
agent. I am famil	liar with, and accept the obligatio	ins of, Section 607,0505, Florida	a Statutes	•						
SIGNATURE	e, typed or printed name of registered agent a	and title if applicable (NOTE: Re	oistered Ager	t cionature	required :	when reinstating)	DATE			
12.	OFFICERS AND		13.	t organization		ADDITIONS/CHANGES TO OF		DIRE	CTORS IN 12	
1171 E P	- da 1	<b>∑</b> DELETE	1.1 TITLE		D.	الم المان ا		Char		
NAME TO	omas R. Beinel La Rue France Si	,-	1.2 NAME		B	resident Jamon Becnel Doo Emerald Coast Par				
STREET ADDRESS 101	16 Due France Si	الله 500	1.3 STREET	ADDRESS	15	2000 Emerald Coast Par	kway			
CITY-ST-ZIP	fayeth, La 70	08	1.4 C/TY-S		C	Jashin FL 32541				
TITLE	1 4 C 1 D 1 D 1 7 7 7 1	☐ DELETE	2.1 TITLE		† · · ·			Char	age Addition	
NAME			2.2 NAME		1					
STREET ADORESS			2.3 STREET	ADDRESS						
CITY-ST-ZIP			2. 4 CITY- 5	T-ZIP						
TITLE		☐ DELETE	3.1 TITLE					☐ Chai	nge	
NAME			3.2 NAME		1					
STREET ADDRESS			3.3 STREET	ADDRESS						
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	1_					
TITLE		☐ DELETE	4.1 TITLE		T			Cha	nge Addition	
NAME			4, 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4,4 C/TY-S	T-ZIP	}					
TITLE		☐ DELETE	5.1 TITLE		Τ			[] Cha	nge 🗌 Addition	
NAME			52 NAME		}					
STREET ADDRESS			5.3 STREET	ADDRESS	;					
CITY-ST-ZIP			5.4 CITY-S	r-ziP	[				_	
TITLE		☐ DELETE	6.1 TITLE					☐ Cha	nge Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ADDRESS	;					
J.,, , DO,			_		1					

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

SIGNATURE:

CITY-ST-ZIP