1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90147 039 ***150.00

DOCUMENT # P98000057533

CYPRESS HEAD GOLF VILLAS, INC.

Principal Place of Business

Mailing Address

ASIE CONTUROINT RIVE CHITE 100

4215 SOUTHPOINT BLVD SHITE 100

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JACKSONVILLE	FL 32216	JACKSONVILLE FL 32210	6		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 06/29/1998				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied Fo	pr			
21		26	•		59-3524769 Not Applic				
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	al===			
City & State		City & State	City & State			\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Cour	ntry	79 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	_			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
					1 Name				
100 NATIONAL FINANCIAL BUILDING			82	Street Address (P.O. Box Number is Not Acceptable)					
			83	3					
U AO	HOOKINEE I E OLL IO		Ī	84	4 City FL 85 Zip Code				
					the put with this statement for the purpose of changing its register	-od			

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 registerd 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.

agent, t and familiar with, and accept the obligations of, control of the obligations of											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12						
TITLE	D DELETE	1.1 TITLE	DIPISIT	Change	☐ Addition						
NAME .	ADLEY, JAMIE	1.2 NAME	Adley, Jamie	•							
STREET ADDRESS	THE SHOULD OPEN COURT	1.3 STREET ADDRESS	more Cormorant Cli	حاف	110						
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	Daytona Beac	sr. FC	32119						
TITLE	D DELETE	2.1 TITLE	D/V	Change	☐ Addition						
NAME	SCHWARTZ, WINSTON	2.2 NAME	Schwartz, Winston								
STREET ADDRESS	THE SHARD OBERLY COLLET	2.3 STREET ADDRESS	Ore Cormorant Co	رياد _	2-110						
CITY-ST-ZIP	ORMOND BEACH FL 32174	2. 4 CITY-ST-ZIP	Daytona Beach	+0 =	32718						
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition						
NAME		3.2 NAME									
STREET ADDRESS		3.3 STREET ADDRESS									
CITY-ST-ZIP		3.4. CITY-ST-ZIP									
TITLE	☐ DELÉTE	4.1 TITLE		☐ Change	☐ Addition						
NAME		4. 2 NAME									
STREET ADDRESS		4.3 STREET ADDRESS	, ,								
CITY-ST-ZIP		4.4 CITY-ST-ZIP									
TITLE	☐ DELETE -	5.1 TITLE		Change	☐ Addition						
NAME		5.2 NAME									
STREET ADDRESS		5.3 STREET ADDRESS									
CITY+ST-ZIP		5.4 CITY-ST-ZIP									
πιε	DELETE	6.1 TITLE		Change	☐ Addition						
NAME		6.2 NAME									
STREET ADDRESS		6.3 STREET ADDRESS	•								
OTV CT ZID		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:

904 760- 2555