Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90006 025 ***550.00

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

DOCUMENT # P98000088462

HURRICANE HATTIES, INC.

		A4 22 A 14						
Principal Place of Business	S	Mailing Address						
15 PLAYERS CLUB VILLAS PONTE VEDRA BEACH FL 32082 15 PLAYERS CLUB VILLAS PONTE VEDRA BEACH FL 32082								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						10/15/1998		İ
2. Principal Place of Busin	iess	2a, Mailing Add	ress			4. FEI Number	Apr.	plied For
21		26				59-3538972	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #	etc.				\$8.75 A	dditional
22		27				5. Certificate of Status Desired	Fee Red	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Inta	angible	
24	25	29	30			Personal Property Tax.	☐Yes	₩o
	and Address of Current	Registered Agent				10. Name and Address of New Registered A	\gent	
		_		81	Name			
HEAD, KOKO					Street Add	ress (P.O. Box Number is Not Acceptable)		
2970 HARTLEY ROAD SUITE 104				82	000			_
JACKSONVILLE	FL 32257			83				
							85 Zip C	`ode
				84	City	FL	65 Zip C	,oue
office or registered an	ions of Sections 607.0502 ent, or both, in the State o th, and accept the obligati	f Florida. Such chai	nge was author	rizea by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	nanging its	jistered
Signature, typed	or printed name of registered agent		(NOTE: Regis	stered Ager	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO Change	RS IN 12
TITLE Pres	ident/Secreti	ang ⊔!	DELETE	1.1 TITLE			Change	☐ Addridon
NAME Stev	ven I. Jacke	r`		1.2 NAME				
STREET ADDRESS 15 F	lavenciub VII	ia y		1.3 STREE	TADORESS			
CITY-ST-ZIP PON	teredra beau	h, FL 320	82_	1.4 CITY-\$	T-ZIP			
TITLE VI'CE	. Prosident	, 🗆	DELETE	2.1 TITLE			Change	Addition
NAME DA	niel Wing			2.2 NAME				
STREET ADDRESS 1 5 7	Danser In & Vi	illas		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	itevedra Beac	h;FL 320.	82_	2. 4 CITY-5	ST-ZIP			
ITME I 10.′≥∞	Diagram A.	ائہا	DELETE	3.1 TITLE			Change	☐ Addition
NAME Jah	n Beck Playersclub	e *14	1	3.2 NAME				
STREET ADDRESS 15	Playerschib 1	/ L (14.5		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	ite Vedra Be	each, FL 3	2082	3.4. CITY-5	ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS			Ţ	4.3 STREE	T ADDRESS			
CITY-ST-ZIP			1	4.4 CITY-S	T-ZIP			
TITLE	-		DELETE	51 TITLE		<u> </u>	Change	☐ Addition
NAME			Į.	5.2 NAME				
OTDEET ADDRESS				5.3 STREE	T ADDRESS			

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 control 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 has bott, or on an attachment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition