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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090678

1. Corporation Name
Indian River Golf Villas, Inc. ✓

Principal Place of Business	Mailing Address
3936 S. Semoran Blvd. Suite 1508 Orlando, Florida 32822	3936 S. Semoran Blvd. Suite 1508 Orlando, Florida 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10-23-98

2. Principal Place of Business	2a. Mailing Address
21 2510 S. Hiway AIA	26 P O Box 729
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft. Pierce, FL	28 City & State: Melbourne, FL
24 Zip: 34949 25 Country: USA	29 Zip: 32902 30 Country: USA

4. FEI Number: 59-3571725 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

Robert DeHarder
3936 S. Semoran Blvd.
Suite 1508
Orlando, Florida
32822

10. Name and Address of New Registered Agent

81 Name: Juanita N. Waddell
82 Street Address (P.O. Box Number is Not Acceptable): 105 S. Riverside Drive
83 Suite 150
84 City: Indialantic FL 85 Zip Code: 32903

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: Juanita N Waddell Juanita N. Waddell DATE: 4-26-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		☐ DELETE			☐ Change ☐ Add
TITLE	D, P, S, T,		1.1 TITLE	D, P, S, T	
NAME	Robert DeHarder		1.2 NAME	Robert DeHarder	
STREET ADDRESS	3936 S. Semoran Blvd., Suite 1508		1.3 STREET ADDRESS	2510 S. Hiway AIA	
CITY-ST-ZIP	Orlando, Florida 32822		1.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Add
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Add
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Add
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Add
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, added or deleted.*

SIGNATURE: Robert DeHarder 4-26-99 407-733-0025
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number