04271999-90107-028-$150.00-$150.00

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90107 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000092549

1. Corporation Name
SUNDANCE VILLAGE OF THE FLORIDA KEYS, INC.

Principal Place of Business	Mailing Address
208 DUVAL ST. KEY WEST FL 33040	208 DUVAL ST. KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1998
4. FEI Number: 65-0873351 ☐ 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. Principle Place of Business
21 21410 O/SEAS Hwy.
Suite, Apt. #, etc. 22
City & State 23 MARATHON, FLA.
Zip 24 33050 Country 25 U.S.A.

2a. Mailing Address
26 90 Cruickshank Ln
Suite, Apt. #, etc. 27
City & State 28 Cudjoe Key, Florida
Zip 29 33042 Country 30 USA

9. Name and Address of Current Registered Agent

COHEN, JOSEPH
208 DUVAL ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

31 Name: Brian Vickery (CO-Agent)
32 Street Address (P.O. Box Number is Not Acceptable): 90 Cruickshank Lane
33
34 City: Cudjoe Key FL 35 Zip Code: 33042

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: Joseph Cohen (Signature of president or registered agent, and date if applicable) — Joseph Cohen (NOTE: Registered Agent signature required when adding/changing) — DATE: 4/22/99 — 7/13/99

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COHEN, JOSEPH	
STREET ADDRESS	208 DUVAL ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	V-P	☐ DELETE
NAME	Brian Vickery	
STREET ADDRESS	90 Cruickshank Ln	
CITY-ST-ZIP	Cudjoe Key, FLA. 33042	
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. ADDITIONAL OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Brian V	☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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			

CR2E034 (1/98)

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: Brian V. Vickery V.P. 4/22/99 305-745-4110
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
BRIAN VICKERY