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 # P98000105194

1. Corporation Name

SHANNON GOLF MANAGEMENT, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90098 005 ***150.00



Principal Place of Business Mailing Address								191 91197 11819 18	5.655.
144 GULF OF MEXICO DRIVE 444 GULF OF MEXICO DRIVE						1			
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228			18			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifect			
						12/15/1998	•		
2 0	lace of Business	2a. Mailing Address				4, FEI Number		Apr	plied For
	ace of Dushless	26				15-0881862	_		t Applicable
21 Suite Ant	# etc	Suite, Apt. #, etc.						\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		Fee Red	
City & State City & State					<u> </u>	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	, ,
Zip	Country	Zip	Cou	intry		8. This corporation owes the cur	rent year Int	angible	
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		L		10. Name and Address of New	Registered	Agent	
		· ·		81	Name				
HARRELL, DONALD J					Street Addre	ss (P.O. Box Number is Not Accep	table)		
1776 RINGLING BOULEVARD				82	Queet Addic				
SARA	SOTA FL 34236			83					
				84	Oit.			85 Zip C	-ode
				04	City		FL	. 5	,,,,
office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change wa ations of, Section 607.0505,	is authorized Florida Stat	utes.	the corporation	n's board of directors. I nereby acco	pt the appoi	ntment as rec	gistered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO	RS IN 12
TITLE		☐ DELETE	1.1 TI	TLE		PID		☐ Change	Addition
NAME			1.2 N	AME	w	SHANG EAGAN) 	0.0	,
STREET ADDRESS			1.3 S	TREET	ADDRESS 4	44 GULF OF M	EXICO	UR	
CITY-ST-ZIP			1.4 C	ITY-ST	I .	LONGBOAT KE	4 FC	- 340	228
TITLE		☐ DELETE	2.1 T	TLÉ	-	VIS/T		Change	☐ Addition
NAMÉ			2.2 N	AME	7	fom RASMUSS	ると		ļ
STREET ADORESS			2.3 \$	TREET	ADDRESS 4	44 GULF OF ME	X/CO	DR]
CITY-ST-ZIP	_		2.40	XTY-S	T-ZIP	LONGBOAT KE	y F	<u> 347</u>	2Z8_
TITLE		☐ DELETE	3.1 T	TLE				Change Change	☐ Addition
NAME			3.2 N	AME					1
STREET ADDRESS	,		3.3 S	TREET	ADDRESS		-		Ì
CITY-ST-ZIP			3.4. 0	πy-s	Y-ZIP				
TITLE		☐ DELETE	4.1 T	ΠLE		-		Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	•		4.4 C	ΠΥ-\$1	r-zip				
TITLE		☐ DELETE	5.1 T	m.e				☐ Change	Addition
NAME	_		5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	TY-SI	r-ZIP				
TILE		☐ DELETE	6.1 T	TLE				☐ Change	☐ Addition
NAME			62 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-ZIP			6.4 C	ITY-SI	r-zip				

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 introduced 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 attachmosphan address, with all other like empowered.

SIGNATURE: