FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

V11820

(0)

RESORT ACTIVITIES MANAGEMENT CORPORATION

				1 18 A 1 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
Principal Place of Business		Mailing Address		
1000 N. CELLIER BLVD SUITE #12 MARCO ISLAND FL 34145		P. O. BOX 1865 MARCO ISLAND FL 34146 US		DO NOT WRITE IN THIS SPACE
WAIDO IODII				3. Date Incorporated or Qualified
9 Princinal Pi	and of Rusiness	2a. Mailing Address		01/27/1992 4. FEI Number Applied For
2. Principal Place of Business		26		65-0332857 Not Applicate
Suite, Apt.	V, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State)	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	Y	Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curre	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
MAI	YE, CRAIG		81 Name	1/24.40
	O N. CELLIER BLVD		82 Street	Address (R.O. Box Number is Not Accordable)
SUITE #12			62 31991	Address (P.O. Box Number is Not Acceptable)
	RCO ISLAND FL 34145		83 <	Suite #12
			84 City	les 7in Code
			" <i>M</i>	1APCO ISCAND FL 1 134/45
11. Pursuant to	o the provisions of Sections 607.05 epistered agent, briboth, in the Stat	502 and 607 1508, Florida Statut te of Florida. Such change was a	es, the above-named authorized by the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statutes.	11.1190
SIGNATURE	Signature, typed or printed name of registerer is	Count of talls of coordinates Alon	E. Registered Agent signature	e required when reinstation) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE	Change Additi
NAME	HALYE, CRAIG		1.2 NAME	
STREET ADDRESS	1533 GALLEON		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Madditi
NAME			2.2 NAME	HANNAI SUSAN
STREET ADDRESS			2.3 STREET ADDRESS	HANNA, SUSAN 1533 GAILEON MARCO ISLAND FL, 34145
CITY-ST-ZIP TITLE		DELETE	2.4 CHY-ST-ZIP 3.1 TITLE	Change Additi
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Additi
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Change Addit
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additi
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Additi
TITLE NAME		_ 0	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
OITY OT TID			64 CITY, ST. ZIP	
14. I hereby c	ertify that the information supplied	with this pling does not qualify p	or the exemption state	led in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or of Block 12 of	on this annual report or supplemen director of the corporation of the re or Block 13 if changed, or on an at	ital arinuntreport is true and ago colver of trustee empowered to bechine x with an address.	execute this report as	led in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in