2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 531716

1. Entity Name
INTERVAL MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134 US	1313 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1758956
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEVIN, NORMAN M.
1313 PONCE DE LEON
SUITE 301
CORAL GABLES, FL 33134

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SEVIN, NORMAN
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VP
NAME	CHERN, LILLIAN G.
STREET ADDRESS	3948 S. W. 5 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	PDT
NAME	LOIACONO, VINCENT
STREET ADDRESS	5625 SW 84 TERRACE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	DAS
NAME	CHERN, MARSHALL M.
STREET ADDRESS	3948 SW 5 STREET
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. *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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: Norman M. Sevin NORMAN M. SEVIN 1/11/05 305-443-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #