

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 531716 1. Entity Name INTERVAL MANAGEMENT CORPORATION	
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Principal Place of Business 1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134 US	Mailing Address 1313 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN M. SEVIN
NORMAN M. SEVIN

Jan. 9, 2007
Date

Date

305-443-3343
Daytime Phone #

Daytime Phone #