FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **737276** **(6)**

1. Corporation Name

BEACH VILLAS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13391 MCGREGOR BLVD. SW FORT MYERS FL 33919-2908	13391 MCGREGOR BLVD. SW FORT MYERS FL 33919-2908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1898994 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	P.O. Box 194	2a. Mailing Address 26	P.O. Box 194
Suite, Apt. #, etc. 22	Attn: Assn. Mgmt.	Suite, Apt. #, etc. 27	Attn: Assn. Mgmt.
City & State 23	Captiva Island, FL	City & State 28	Captiva Island, FL
Zip 24	33924	Zip 29	33924
Country 25		Country 30	

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HILTON GRAND VACATIONS COMPANY
13391 MCGREGOR BLVD, SW
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: South Seas Plantation Resort
82 Street Address (P.O. Box Number is Not Acceptable): 13000 Captiva Road
83: Attn: Assn. Mgmt.
84 City: Captiva Island **FL** 85 Zip Code: 33924

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: [signature] 3/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, NORMAN A 1305 CHESHIRE RD BRIDGEWATER NJ 08807	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLECKSTEIN, W O 1835 NORTH DR BETHLEHAM PA 18015	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Fleckenstein, W.O. (Correction)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROSSI, LOUIS P 5211 THATCHER PARK RD E BERNE NY 12059	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SAILSTAD, CHARLES P.O. BOX 2808 N/A TOLEDO, OH 0 43606	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRUHN, DONALD D 6 NORTHWIND DRIVE PORT JEFFERSON NY	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	99 Chestnut Avenue Poquott, NY 11733	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DONALD BRUHN 3/24/95 516 723 2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018489