

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90135 032 ****61.25

DOCUMENT # 756906

1. Entity Name

THE CHARTER CLUB OF MARCO BEACH CONDOMINIUM ASSO

Principal Place of Business

Mailing Address

700 S. COLLIER BLVD.
 MARCO ISLAND FL 34145
 US

599 S COLLIER BLVD STE 309
 MARCO IS FL 34145
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2503973

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILTON GRAND VACATIONS COMPANY
599 S COLLIER BLVD STE 309
MARCO IS FL 34145

Name **Hilton Grand Vacations Company, LLC**

Street Address (P.O. Box Number is Not Acceptable)
6355 Metrowest Blvd., Ste. 180

City **Orlando** **FL** Zip Code **32835**

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.

SIGNATURE *Rebecca Sloan* **Rebecca Sloan, Vice President** **1.11.01.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** Delete
 NAME **JACOBSEN, GARY**
 STREET ADDRESS **2125 LAKE DRIVE**
 CITY-ST-ZIP **LOVELAND CO**

TITLE **Vice President** Change Addition
 NAME **Gary Jacobson**
 STREET ADDRESS **2125 Lake Drive**
 CITY-ST-ZIP **Loveland, CO 80538**

TITLE **D** Delete
 NAME **DIETRICH, CONRAD**
 STREET ADDRESS **6941 ESCOBAR COURT**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **Secretary/Treasurer** Change Addition
 NAME **John Konarski**
 STREET ADDRESS **42 Oneida View Drive**
 CITY-ST-ZIP **Pennellville, NY 13132**

TITLE **D** Delete
 NAME **BRIDGE, DONALD C**
 STREET ADDRESS **38 BRIDAL PATH DR**
 CITY-ST-ZIP **SOMERS CT**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **WOOD, LYMAN R**
 STREET ADDRESS **95 MOUNTAIN RD**
 CITY-ST-ZIP **HAMPDEN MA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **MACARTHUR, JAMES**
 STREET ADDRESS **163 BOLES RD**
 CITY-ST-ZIP **MARCHFIELD MA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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: *Lyman Wood* **SIGNATURE REQUIRED**

4-30-01 941

CR2E037 (10/00)