


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90414 003 \*\*\*150.00

<b>DOCUMENT # F05000000104</b>			
1. Entity Name FLEETWOOD VACATION CLUB, INC.			
Principal Place of Business 2150 WEST 18TH STREET, #300 HOUSTON, TX 77008		Mailing Address P.O. BOX 7638 RIVERSIDE, CA 92513	
2. Principal Place of Business - No P.O. Box # 3125 MYERS ST		3. Mailing Address ATTN: TAX DEPT Suite, Apt. #, etc. P.O. BOX 7638	
Suite, Apt. #, etc.		P.O. BOX 7638	
City & State RIVERSIDE, CA		City & State RIVERSIDE, CA	
Zip 92503		Country USA	
Zip 92513-7638		Country USA	
4. FEI Number 20-1819604		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 <u>LYLE N. LARKIN, VP-TREASURER</u>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD PLOWMAN, BOYD R 3125 MYERS STREET RIVERSIDE, CA 92503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELDEN L. SMITH 3125 MYERS ST RIVERSIDE CA 92503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAUN, CHRISTOPHER J 3125 MYERS STREET RIVERSIDE, CA 92503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PAUL C S ESKRITT 3125 MYERS ST RIVERSIDE CA 92503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS LARKIN, LYLE N 3125 MYERS STREET RIVERSIDE, CA 92503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCGILL, LEONARD J 3125 MYERS STREET RIVERSIDE, CA 925137638 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>LYLE N. LARKIN</u>		<u>4/20/07</u> 951-351-3797	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40089314



01082007 Chg-P CR2E034 (12/06)

ATTACHMENT 40089314

~~#F05000000107~~

OFFICERS AND DIRECTORS  
OF  
FLEETWOOD VACATION CLUB, INC.

Elden L. Smith  
Boyd R. Plowman

Paul C. Eskritt  
Leonard J. McGill  
Lyle N. Larkin

President  
Executive Vice President – Chief Financial Officer  
And Assistant Secretary  
Executive Vice President  
Sr. Vice President – General Counsel & Secretary  
Vice President – Treasurer & Assistant Secretary

DIRECTORS:  
Boyd R. Plowman  
Leonard J. McGill  
Elden L. Smith

1/4/07