FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # **H74162** **(9)**

1. Corporation Name
BERKELEY FOUR SEASONS VACATIONS, INC.

Principal Place of Business	Mailing Address
3045 POLYNESIAN ISLES BLVD KISSIMMEE FL 34746	515 N FLAGLER DR THE PAVILION 4TH FLOOR W PALM BEACH FL 33401 US

3. Date Incorporated or Qualified: **09/04/1985**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business	2a. Mailing Address
21	26 3045 POLYNESIAN ISLES BLV
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 KISSIMMEE FLORIDA
Zip 24 / Country 25	Zip 29 34746 / Country 30 USA

4. FEI Number: **59-2580973** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERKELEY RESORTS MANAGEMENT CORP
ATTENTION RICHARD J. EGGERT
3045 POLYNESIAN ISLES BLVD.
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOLKO, RONALD S		1.2 NAME	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRABARNICK, PHILIP G		2.2 NAME	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MEYERS, NEIL S		3.2 NAME	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MEYERS, HILLEL A		4.2 NAME	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL		4.4 CITY-ST-ZIP	
TITLE	VAS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, DALE		5.2 NAME	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		5.4 CITY-ST-ZIP	
TITLE	VAS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	EGGERT, RICHARD		6.2 NAME	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard J Eggert 4/1/96 407-396-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #