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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90109 044 ***150.00

DOCUMENT # **H74162**

1. Corporation Name

BERKELEY FOUR SEASONS VACATIONS, INC.

Principal Place of Business Mailing Address						i tedidir etti tedit atedi t	cara atrea eras ararras	idit dide ainer a	ente minus inne
3045 POLYNESIAN ISLES BLVD KISSIMMEE FL 34746		1781 PARK CENTER DRIVE ORLANDO FL 32835 US			DO NOT WRITE IN THIS SPACE				
				_		Date Incorporated or Qua 09/04/1985	alifed		
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number		Apı	olied For
21						<u>59-2580973</u>			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	5. Certifcate of Status Desired			dditional
22		27						Fee Re	<u> </u>
City & State	3	City & State			6.	Election Campaign Finant Trust Fund Contribution	cing	\$5.00 Added to	, ,
Zip	Country	Zip	Countr	 -	8.	This corporation owes the	current year Inta	angible	
24	25	29 30]	_		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10.	Name and Address of N	lew Registered	Agent	
				Name					
CT CORPORATION SYSTEM			82	Street	Addross (E	P.O. Box Number is Not Ac	centable)		
1200 S PINE ISLAND ROAD			"	J Succe.	Addicas (i	.C. Box Hothbor is Hot / C	ooptable)		
PLANTATION FL 33324			83	1					
			84	0.5				85 Zip C	`ode
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				FL	,	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	Orized Dy	tne corp	corporatio oration's b	n submits this statement fo oard of directors. I hereby	or the purpose of accept the appoi	changing its ntment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	A Side of a self-self-self-self-self-self-self-self-	Amsternal Age	ent eigngturn f	required when	reinstating	DATE		
12.		ND DIRECTORS	13.	in algorithm ,		ADDITIONS/CHANGES TO	O OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	DP	₩ DELETE	1.1 TITLE		DP	<u> </u>		[X] Change	☐ Addition
NAME	FREY, CHARLES C		1.2 NAME		L. S	Steven Mille	r		
STREET ADDRESS			1.3 STREE	T ADDRESS	1781	1781 Park Center Drive			
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-1	ST-ZIP		ando, FL 32			
TITLE	DVP			TITLE D'				X Change	Addition
NAME	CHAMBERS, DEWEY		2.2 NAME		Rick	nard Goodman			
STREET ADDRESS	1781 PARK CENTER DRIVE		2.3 STREE	TADDRESS		Park Cente			
CITY-ST-ZiP	ORLANDO FL 32835		2. 4 CITY-	ST-ZIP	-Orla	ndo, FL 32	835	<u> </u>	
TITLE	DST		3.1 TITLE		DS			∏ Change	Addition
NAME	GIANNONI, GENEVIEVE		32 NAME		Thon	nas A. Bell			
STREET ADDRESS	-1781 PARK CENTER DRIVE		3.3 STREE	TADDRESS	1781	Park Cente	r Drive		
CITY-ST-ZIP	ORLANDO FL 32835		3.4. CITY-	ST-ZIP	Orla	ando, FL 32	835		

ORLANDO FL 32835 14. 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 annual report or supplemental annual peport 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 reservior 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, with all other like empowered.

I TOMAS A. Bell 1

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE: =

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MEYERS, HILLEL A

KENNEDY, DALE-

KISSIMMEE FL

COHEN, ANN

KISSIMEE FL-

AVAS

D

3045 POLYNESIAN ISLES BLVD

3045 POLYNESIAN ISLES BLVD.

1781 PARK CENTER DRIVE

TITLE

NAME

TITLE

NAME

TITLE

NAME

X DELETE

X DELETE

X DELETE

2/1<u>5/99</u>

(407) 532-1000

Change

☐ Change

Change

Addition

Addition

Addition