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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000083506 (3)**

1. Corporation Name

~~BONAVENTURE~~ VACATION RESORTS, INC.
Berkley

Principal Place of Business	Mailing Address
100 W CYPRESS CREEK RD SUITE 700 FT LAUDERDALE FL 33309	100 W CYPRESS CREEK RD SUITE 700 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: 65-0547929 ☐ 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 (has) for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LUBART, LEONARD ESQ
100 W CYPRESS CREEK RD SUITE 700
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Rebecca A. Foster
82 Street Address (P.O. Box Number is Not Acceptable): 3015 N. Ocean Blvd #121
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33308

11. Pursuant to the provisions of Section(s) 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: _____ 4/28/95
Signature, typed or printed name of registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/	☒ Change ☐ Addition
NAME	LAMBERT, JAMES E	12 NAME		
STREET ADDRESS	3015 N OCEAN BLVD SUITE 121	13 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL 33308	14 CITY ST ZIP		
TITLE	D	21 TITLE	D/P/S	☒ Change ☐ Addition
NAME	FOSTER, REBECCA	22 NAME		
STREET ADDRESS	3015 N OCEAN BLVD SUITE 121	23 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL 33308	24 CITY ST ZIP		
TITLE	D	31 TITLE	D/VP/T	☒ Change ☐ Addition
NAME	LANDAU, MARK	32 NAME		
STREET ADDRESS	3015 N OCEAN BLVD SUITE 121	33 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL 33308	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	$8.75	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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****200.00 ****200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ 4/28/95 305 563 2444
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0217244 CP