

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000083506

1. Entity Name
BERKLEY VACATION RESORTS, INC.



Principal Place of Business

**3015 N OCEAN BLVD
STE 121
FT LAUDERDALE, FL 33308 US**

Mailing Address

**3015 N OCEAN BLVD
STE 121
FT LAUDERDALE, FL 33308 US**

FILED
06 MAY 11 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0547929** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FOSTER, REBECCA A
3015 N OCEAN BLVD
#121
FT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VPD**
NAME **OTTINO, J.P.**
STREET ADDRESS **3015 N. OCEAN BLVD. #121**
CITY- ST- ZIP **FT. LAUDERDALE, FL 33308**

TITLE **PSD**
NAME **FOSTER, REBECCA A**
STREET ADDRESS **3015 N OCEAN BLVD SUITE 121**
CITY- ST- ZIP **FT LAUDERDALE, FL 33308**

TITLE **VTD**
NAME **LANDAU, MARC**
STREET ADDRESS **3015 N OCEAN BLVD SUITE 121**
CITY- ST- ZIP **FT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

200076202462
06/14/06--01036--004 **5495.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca A Foster

4/27/06

954.563.2449

Date

Daytime Phone #