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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 768946 (6)

1. Corporation Name

VACATION INN RESORT OF THE PALM BEACHES, INC.



Principal Place of Business

6500 NORTH MILITARY TRAIL  
WEST PALM BCH. FL 33407-1296  
US

Mailing Address

ROBERT J LITTLE  
6500 NORTH MILITARY TRAIL  
WEST PALM BEACH FL 33407-1228  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified  
06/15/1983

3a. Date of Last Report  
02/09/1996

4. FEI Number

59-2348071

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

10. Name and Address of New Registered Agent

LITTLE, ROBERT J  
6500 NORTH MILITARY TRAIL  
WEST PALM BEACH FL 33407

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LONDON, ROBERT  
STREET ADDRESS 6500 NORTH MILITARY TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE  
NAME NEGER, BERT  
STREET ADDRESS 5 HEATHER PLACE  
CITY-ST-ZIP SOUTH HAMPTON NC

TITLE P ☐ DELETE  
NAME LEWIS, GEORGE  
STREET ADDRESS 2738 CARNS RUN ROAD  
CITY-ST-ZIP ABERDEEN MD

TITLE DV ☒ DELETE  
NAME BOUARNICK, LEN  
STREET ADDRESS P O BOX 336 N/A  
CITY-ST-ZIP WESTWOOD MA

TITLE DST ☐ DELETE  
NAME ROMA, A  
STREET ADDRESS 117 COOL SPININGS ROAD  
CITY-ST-ZIP WHITE OAK PA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DST ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DV ☒ Change ☒ Addition  
4.2 NAME DEFRANZO, ALBERT  
4.3 STREET ADDRESS 12 MEAKIN DR.  
4.4 CITY-ST-ZIP WINDSOR, CT. 06095

5.1 TITLE b ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BERT J NEGER 1/3/97 561 848670

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone # 0040494

CR2E037 (9/96)