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Secretary of State

04-20-1999 90302 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001880

1. Corporation Name

**FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, IN
C.**

Principal Place of Business

222 S WESTMONTE DR., STE 101
 ALTAMONTE SPRINGS FL 32714

Mailing Address

222 S WESTMONTE DR., STE 101
 ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		04/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3255457	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GENE CHEATHAM
 222 S WESTMONTE DR., STE 101
 ALTAMONTE SPRINGS FL 32714

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	WILLIAMS, ALLEN C	1.2 NAME	
STREET ADDRESS	1648 PERIWINKLE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	VC ☐ Change ☒ Addition
NAME	CRAUL, BRUCE	2.2 NAME	Marvin Needles
STREET ADDRESS	35000 EMERALD COAST	2.3 STREET ADDRESS	901 N. Collier Blvd
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	Marco Island, FL 34145
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, CANDEE JONES	3.2 NAME	
STREET ADDRESS	9521 S ORANGE BLOSSOM TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOODY, GENE	4.2 NAME	
STREET ADDRESS	701 CAROLINE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOWIE, R. BRENTON	5.2 NAME	
STREET ADDRESS	1700 MCMULLEN BOOTH RD, B-5	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	ED ☒ Change ☐ Addition
NAME	GENE CHEATHAM	6.2 NAME	
STREET ADDRESS	222 S WESTMONTE DR., STE 101	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Gene Cheatham **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)