

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90349 027 ****61.25

DOCUMENT # N94000001880		
1. Entity Name FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, INC.		

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4004



03222006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3255457	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAUTTER, WILLARD S 222 S WESTMONTE DR., STE 101 ALTAMONTE SPRINGS, FL 32714	
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7. Name and Address of New Registered Agent	
Name: Beatty, Barbara F.	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Barbara F. Beatty *Barbara Beatty* 3/24/06
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	STD ☐ Delete
NAME	DELOME, JOHN
STREET ADDRESS	2901 SW 26TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	PD ☐ Delete
NAME	SEYMOUR, ED
STREET ADDRESS	35000 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	PPD ☒ Delete
NAME	NEEDLES, MARV
STREET ADDRESS	901 N COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	D ☐ Delete
NAME	KAUTTER, WILLARD S
STREET ADDRESS	222 S WESTMONTE DR., STE 101
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	Hayes, Paul
STREET ADDRESS	1107 Truman Ave.
CITY-ST-ZIP	Key West FL 33040
TITLE	☐ Change ☒ Addition
NAME	VPD Ackerman, Robert
STREET ADDRESS	410 43rd St W Ste J
CITY-ST-ZIP	Bradenton FL 34209
TITLE	☒ Change ☐ Addition
NAME	Beatty, Barbara F.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: Barbara F. Beatty *Barbara Beatty* 3/24/06 407-774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #