2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N94000001880

Entity Name: FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3255457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEATTY, BARBARA F
222 S WESTMONTE DR., STE 101
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: DELORME, JOHN
Address: 2901 SW 26TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: PD ( ) Delete
Name: HAYES, PAUL
Address: 1107 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

Title: VPD ( ) Delete
Name: ACKERMAN, ROBERT
Address: 410 43RD ST. W. STE J
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete
Name: BEATTY, BARBARA F
Address: 222 S WESTMONTE DR., STE 101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: YOUNG, HILARY
Address: 1395 PANTHER LANE STE 200
City-St-Zip: NAPLES, FL 34109

Title: PD (X) Change ( ) Addition
Name: HAYES, PAUL
Address: 1075 DUVAL ST #C-11
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change ( ) Addition
Name: BEATTY, BARBARA F
Address: 222 S WESTMONTE DR., STE 101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BEATTY ED 03/18/2009
Electronic Signature of Signing Officer or Director — Date