

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H97819

**Entity Name:** VINTAGE VACATIONS, INC.

**Current Principal Place of Business:**

14155 WHITECAP AV  
HUDSON, FL 34667

**Current Mailing Address:**

14155 WHITECAP AV  
HUDSON, FL 34667 US

**FEI Number:** 59-2633165

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POPPELREITER, CHARLES  
14155 WHITECAP  
HUDSON, FL 34667 US

*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

**Officer/Director Detail :**

Title            STD  
Name            CHARLES A POPPELREITER  
Address        14155 WHITECAP AV  
City-State-Zip: HUDSON FL 34667

Title            PD  
Name            POPPELREITER, CHARLES  
Address        14155 WHITECAP  
City-State-Zip: HUDSON FL 34667

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES A POPPELREITER

**PRESIDENT**

**04/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date