

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M30499

Entity Name: RESORT MANAGEMENT SERVICES INC.**Current Principal Place of Business:**3626 QUADRANGLE BLVD
STE 300
ORLANDO, FL 32817**Current Mailing Address:**ONE VANCE GAP ROAD
ATTN: LEGAL DEPT
ASHEVILLE, NC 28805**FEI Number:** 59-2689878**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIRECTOR, PRESIDENT, CEO
Name	HORTON, WILL
Address	ONE VANCE GAP ROAD ATTN: LEGAL DEPT.
City-State-Zip:	ASHEVILLE NC 28805

Title	DIRECTOR, COO
Name	STYRON, SCOTT
Address	ONE VANCE GAP ROAD ATTN: LEGAL DEPT.
City-State-Zip:	ASHEVILLE NC 28805

Title	SECRETARY
Name	GAYLORD, BROOKS
Address	ONE VANCE GAP ROAD ATTN: LEGAL DEPT.
City-State-Zip:	ASHEVILLE NC 28805

Title	TREASURER
Name	PATENOTTE, DENNIS
Address	ONE VANCE GAP ROAD ATTN: LEGAL DEPT.
City-State-Zip:	ASHEVILLE NC 28805

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: WILL HORTON

PRESIDENT

04/23/2014

Electronic Signature of Signing Officer/Director Detail_____
Date