

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000042202

Entity Name: AMAZING VACATION HOMES FLORIDA INC**Current Principal Place of Business:**13790 BRIDGEWATER CROSSINGS BLVD,
SUITE 1080
WINDERMERE, FL 34786**Current Mailing Address:**13790 BRIDGEWATER CROSSINGS BLVD,
SUITE 1080
WINDERMERE, FL 34786 US**FEI Number:** 81-2667489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCARTHY, JAMES J
13790 BRIDGEWATER CROSSINGS BLVD,
SUITE 1080
WINDERMERE, FL 34786 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	P
Name	MCCARTHY, JAMES J
Address	13790 BRIDGEWATER CROSSINGS BLVD, SUITE 1080
City-State-Zip:	WINDERMERE FL 34786

Title	VP
Name	MCCARTHY, MICHELLE A
Address	13790 BRIDGEWATER CROSSINGS BLVD, SUITE 1080
City-State-Zip:	WINDERMERE FL 34786

Title	DOP
Name	MCCARTHY, JODIE A
Address	13790 BRIDGEWATER CROSSINGS BLVD, SUITE 1080
City-State-Zip:	WINDERMERE FL 34786

Title	MANAGER
Name	MCCARTHY, LUCY A
Address	13790 BRIDGEWATER CROSSINGS BLVD, SUITE 1080
City-State-Zip:	WINDERMERE FL 34786

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: JAMES MCCARTHY**MANAGER****02/14/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date