

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106242

Entity Name: CERTIFIED VACATIONS GROUP, INC.

Current Principal Place of Business:

1500 CORDOVA RD., STE 302
FT. LAUDERDALE, FL 33316

Current Mailing Address:

P.O. BOX 029006
FT. LAUDERDALE, FL 33302

FEI Number: 65-0888405

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, DENNIS D
C/O TRIPP SCOTT
110 S.E. 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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 CEOD
Name EGAN, MICHAEL S
Address 1500 CORDOVA RD., STE 302
City-State-Zip: FT. LAUDERDALE FL 33316

Title TD
Name LEBOWITZ, ROBIN S
Address 1500 CORDOVA RD., STE 302
City-State-Zip: FT. LAUDERDALE FL 33316

Title S
Name NORMAN, TRIPP
Address 1500 CORDOVA RD., STE 302
City-State-Zip: FT. LAUDERDALE FL 33316

Title D
Name KELLY, WILLIAM HJR
Address 55 EAST MONROE ST. STE. 4620
City-State-Zip: CHICAGO IL 60603

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: ROBIN S LEBOWITZ

TD

04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date