

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002259

**Entity Name:** DIAMOND RESORTS CENTRALIZED SERVICES COMPANY**Current Principal Place of Business:**10600 W CHARLESTON BLVD  
LAS VEGAS, NV 89135**Current Mailing Address:**10600 W CHARLESTON BLVD  
LAS VEGAS, NV 89135**FEI Number:** 82-0554601**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 SVP  
Name LAGASSA, DAVID  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title DIR, ASST. SECRETARY  
Name SHALMY, MICHAEL  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR  
Name LUU, LILLIAN  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title CFO  
Name MIKOLAICHUK, JAMES  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title TRES  
Name LUU, LILLIAN  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR  
Name HOLMES, KEITH  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title ASST SEC  
Name OLSANSKY, ALEX  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title CEO, PRESIDENT  
Name FLASKEY, MICHAEL  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

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*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:** JASON COHEN**SECRETARY****06/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	COHEN, JASON
Address	10600 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135