

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

113

FILED

06 MAR 29 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03242006 Chg-P CR2E034 (11/05)

DOCUMENT # 536402 1. Entity Name RESORTQUEST REAL ESTATE OF FLORIDA, INC.																																																														
Principal Place of Business 35000 EMERALD COAST PARKWAY P.O. BOX 30 DESTIN, FL 32541			Mailing Address C/O RESORT QUEST INTERNATIONAL 8955 HIGHWAY 98 W. SUITE 203 DESTIN, FL 32550 US																																																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-1775514 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>																																																										
City & State		City & State																																																												
Zip	Country	Zip	Country																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525																																																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																														
8. 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. I am familiar with, and accept the obligations of registered agent.																																																														
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																														
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>DEVP FIORAVANTI, MARK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE GAYLORD DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NASHVILLE, TN 37214</td> <td></td> </tr> <tr> <td>NAME</td> <td>CEO REED, COLIN V</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE GAYLORD DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NASHVILLE, TN 37214</td> <td></td> </tr> <tr> <td>NAME</td> <td>EVP KLOEPPPEL, DAVID C</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE GAYLORD DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NASHVILLE, TN 37214</td> <td></td> </tr> <tr> <td>NAME</td> <td>VP/S TODD, CARTER R</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE GAYLORD DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NASHVILLE, TN 37214</td> <td></td> </tr> <tr> <td>NAME</td> <td>SVP WEIEN, PETER J</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE GAYLORD DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NASHVILLE, TN 37214</td> <td></td> </tr> <tr> <td>NAME</td> <td>VP WOODWARD, GEOFFREY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE GAYLORD DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NASHVILLE, TN 37214</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	DEVP FIORAVANTI, MARK	<input type="checkbox"/>	STREET ADDRESS	ONE GAYLORD DRIVE		CITY-ST-ZIP	NASHVILLE, TN 37214		NAME	CEO REED, COLIN V	<input type="checkbox"/>	STREET ADDRESS	ONE GAYLORD DRIVE		CITY-ST-ZIP	NASHVILLE, TN 37214		NAME	EVP KLOEPPPEL, DAVID C	<input type="checkbox"/>	STREET ADDRESS	ONE GAYLORD DRIVE		CITY-ST-ZIP	NASHVILLE, TN 37214		NAME	VP/S TODD, CARTER R	<input type="checkbox"/>	STREET ADDRESS	ONE GAYLORD DRIVE		CITY-ST-ZIP	NASHVILLE, TN 37214		NAME	SVP WEIEN, PETER J	<input type="checkbox"/>	STREET ADDRESS	ONE GAYLORD DRIVE		CITY-ST-ZIP	NASHVILLE, TN 37214		NAME	VP WOODWARD, GEOFFREY	<input type="checkbox"/>	STREET ADDRESS	ONE GAYLORD DRIVE		CITY-ST-ZIP	NASHVILLE, TN 37214	
TITLE	NAME	Delete																																																												
NAME	DEVP FIORAVANTI, MARK	<input type="checkbox"/>																																																												
STREET ADDRESS	ONE GAYLORD DRIVE																																																													
CITY-ST-ZIP	NASHVILLE, TN 37214																																																													
NAME	CEO REED, COLIN V	<input type="checkbox"/>																																																												
STREET ADDRESS	ONE GAYLORD DRIVE																																																													
CITY-ST-ZIP	NASHVILLE, TN 37214																																																													
NAME	EVP KLOEPPPEL, DAVID C	<input type="checkbox"/>																																																												
STREET ADDRESS	ONE GAYLORD DRIVE																																																													
CITY-ST-ZIP	NASHVILLE, TN 37214																																																													
NAME	VP/S TODD, CARTER R	<input type="checkbox"/>																																																												
STREET ADDRESS	ONE GAYLORD DRIVE																																																													
CITY-ST-ZIP	NASHVILLE, TN 37214																																																													
NAME	SVP WEIEN, PETER J	<input type="checkbox"/>																																																												
STREET ADDRESS	ONE GAYLORD DRIVE																																																													
CITY-ST-ZIP	NASHVILLE, TN 37214																																																													
NAME	VP WOODWARD, GEOFFREY	<input type="checkbox"/>																																																												
STREET ADDRESS	ONE GAYLORD DRIVE																																																													
CITY-ST-ZIP	NASHVILLE, TN 37214																																																													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>Director</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td>100068956261</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME	Director	<input type="checkbox"/> <input checked="" type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			NAME	100068956261	<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP																								
TITLE	NAME	Change Addition																																																												
NAME	Director	<input type="checkbox"/> <input checked="" type="checkbox"/>																																																												
STREET ADDRESS																																																														
CITY-ST-ZIP																																																														
NAME	100068956261	<input type="checkbox"/> <input type="checkbox"/>																																																												
STREET ADDRESS																																																														
CITY-ST-ZIP																																																														
NAME		<input type="checkbox"/> <input type="checkbox"/>																																																												
STREET ADDRESS																																																														
CITY-ST-ZIP																																																														
NAME		<input type="checkbox"/> <input type="checkbox"/>																																																												
STREET ADDRESS																																																														
CITY-ST-ZIP																																																														
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																														
SIGNATURE: <i>Carter R. Todd</i> Carter R. Todd, VP+S March 27, 2006 (WS) 316-4437 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																														

2/3

Document # 536402
Additional Officer Attachment

RESORTQUEST REAL ESTATE OF FLORIDA, INC.

Additional Officers

Title	VP
Name	Carmela A. Bell
Street Address	35000 Emerald Coast Parkway
City-St-Zip	Destin, FL 32541

Title	AVP
Name	Wendy J. Collins
Street Address	4030 Gulf of Mexico Drive
City-St-Zip	Longboat Key, FL 34228

Title	AVP
Name	John J. Fjeldstad
Street Address	1019 Periwinkle Way
City-St-Zip	Sanibel, FL 33957



CORPORATION SERVICE COMPANY

3/3

ACCOUNT NO. : 072100000032
REFERENCE : 944919 7239973
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 61.25

ORDER DATE : March 27, 2006
ORDER TIME : 9:32 AM
ORDER NO. : 944919-005
CUSTOMER NO: 7239973

ANNUAL REPORT FILING

NAME: RESORTQUEST REAL ESTATE OF
FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS:

[Signature]

RECEIVED
06 MAR 29 AM 10:52
DIVISION OF CORPORATION