

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90431 023 ****61.25

DOCUMENT # 745091

1. Entity Name
CASA YBEL BEACH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **2255 WEST GULF DR SANIBEL FL 33957 US**
Mailing Address: **1509 PERIWINKLE WAY SANIBEL FL 33957 US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number **59-1980596** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HILTON GRAND VACATIONS COMPANY, LLC
6355 METROWEST BLVD STE 180
ORLANDO FL 32835**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD NAME: MCELROY, EDWARD STREET ADDRESS: 1726 EMERALD COVE CIRCLE CITY-ST-ZIP: CAPE CORAL FL 33991	<input type="checkbox"/> Delete	TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: D'ALESSANDRO, JOSEPH P. STREET ADDRESS: 1130 SHADOW LANE CITY-ST-ZIP: FORT MYERS FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WILDER, JANET F STREET ADDRESS: 5807 CREIGHTON HILL RD CITY-ST-ZIP: LOUISVILLE KY 40207	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: APPELBERG, CARL J STREET ADDRESS: 14649 AERIES WAY DR CITY-ST-ZIP: FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: BURRUANO, CHARLES A STREET ADDRESS: 6278 N FEDERAL HIGHWAY #325 CITY-ST-ZIP: FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: JACKSON, RICHARD K. STREET ADDRESS: 661 EL DORADO PKWY. CITY-ST-ZIP: PLANTATION FL 33317	<input type="checkbox"/> Delete	TITLE: VD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: [Signature] **PRESIDENT** **3.19.03 (212) 298-2255**

CR2E037 (10/02)

ATTACHMENT

10081869

DOC # 745091

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UNIFORM BUSINESS REPORT (UBR)**

**CASA YBEL BEACH AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.
ATTACHMENT**

10.
Title VD
Name McElroy, Edward
Street Address 1726 Emerald Cove Circle
City-St-Zip Cape Coral FL 33991

Title D
Name D'Alessandro, Joseph P.
Street Address 1130 Shadow Lane
City-St-Zip Fort Myers FL

Title D
Name Wilder, Janet F.
Street Address 5807 Creighton Hill Road
City-St-Zip Louisville KY 40207

Title D
Name Appelberg, Carl J.
Street Address 14649 Aeries Way Drive
City-St-Zip Fort Myers FL 33912

Title STD
Name Burruano, Charles A.
Street Address 6278 N Federal Hwy. #325
City-St-Zip Fort Lauderdale FL 33308

Title PD
Name Jackson, Richard K.
Street Address 661 El Dorado Pkwy.
City-St-Zip Plantation FL 33317

Title D
Name Dettory, Linda R.
Street Address 456 Birch Place
City-St-Zip Westfield NJ 07090

11.
Title D **Change**
Name McElroy, Edward
Street Address 1726 Emerald Cove Circle
City-St-Zip Cape Coral FL 33991

Title
Name
Street Address
City-St-Zip

Title
Name
Street Address
City-St-Zip

Title
Name
Street Address
City-St-Zip

Title
Name
Street Address
City-St-Zip

Title VD **Change**
Name Jackson, Richard K.
Street Address 661 El Dorado Pkwy.
City-St-Zip Plantation, FL 33317

Title PD **Change**
Name Dettory, Linda R.
Street Address 456 Birch Place
City-St-Zip Westfield NJ 07090