FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:22

DOCUMENT # 751530 (7)

1. Corporation Name
DRIFTWOOD VACATION VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3150 SOUTH OCEAN DRIVE VERO BEACH FL 32963-1954	3150 SOUTH OCEAN DRIVE VERO BEACH FL 32963-1954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1980
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2009911 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

9. Name and Address of Current Registered Agent

RADLET, JEANNE L
3150 OCEAN DR
VERO BCH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	TIBBS, EDGAR	1.2 NAME	
STREET ADDRESS	4805 HEMP WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LANGBEHN, MYRA	2.2 NAME	
STREET ADDRESS	1296 ST LUCIE BLVD SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	TINGOM, PETER S.	3.2 NAME	
STREET ADDRESS	861 ALAMANDA COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DIONNE, EDWARD	4.2 NAME	
STREET ADDRESS	9 LAKEVIEW AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	S/T/D ☑ Change ☐ Addition
NAME	VOLKERT, LEON	5.2 NAME	Leon Volkert
STREET ADDRESS	2300 CORPORATE BLVD. N.W SUITE #232	5.3 STREET ADDRESS	2300 Corporate Blvd NW #232
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WARNEKE, WILLIAM	6.2 NAME	
STREET ADDRESS	2731 NEVADA ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. M. Volkert 1-30-95 407-997-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005036