

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90062 008 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751530

1. Corporation Name

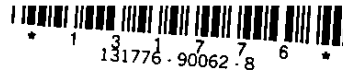
DRIFTWOOD VACATION VILLAS ASSOCIATION, INC.

Principal Place of Business

3150 SOUTH OCEAN DRIVE
VERO BEACH FL 32963-1954

Mailing Address

3150 SOUTH OCEAN DRIVE
VERO BEACH FL 32963-1954



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

03/12/1980

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PASCCAL, SAMUEL
STREET ADDRESS 3939 OCEAN DR #3046
CITY-ST-ZIP VERO BCH FL

TITLE D
NAME LANGBEHN, MYRA
STREET ADDRESS 1296 ST LUCIE BLVD SE
CITY-ST-ZIP STUART FL

TITLE P
NAME TINGOM, PETER S.
STREET ADDRESS 861 ALAMANDA COURT
CITY-ST-ZIP PLANTATION FL

TITLE VPD
NAME DIONNE, EDWARD
STREET ADDRESS 9 LAKEVIEW AVENUE
CITY-ST-ZIP LAKE PLACID FL

TITLE STD
NAME VOLKERT, LEON
STREET ADDRESS 2300 CORPORATE BLVD #232
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME WARNEKE, WILLIAM
STREET ADDRESS 2731 NEVADA ROAD
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Samuel Pascal
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME Lois katz
6.3 STREET ADDRESS 980 o'Harro Dr.
6.4 CITY-ST-ZIP Rockledge FL 32955

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)