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.

131776 · 90062 · 8

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

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 03/12/1980
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2009911 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	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 _____ 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	D	☐ DELETE	1.1 TITLE	Samuel Pascal	☑ Change ☐ Addition
NAME	PASCCAL, SAMUEL		1.2 NAME		
STREET ADDRESS	3939 OCCEAN DR #3046		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	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	VPD	☐ DELETE	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	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VOLKERT, LEON		5.2 NAME		
STREET ADDRESS	2300 CORPORATE BLVD #232		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	WARNEKE, WILLIAM		6.2 NAME	Lois katzin	
STREET ADDRESS	2731 NEVADA ROAD		6.3 STREET ADDRESS	980 O'Hara Dr.	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	Rockledge FL 32955	

CR2E037 (11/98)

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: Peter Tingom, Pres 1/31/99 561-231-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #