2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751530

1. Entity Name

DRIFTWOOD VACATION VILLAS ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90205 042 ****61.25

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2009911 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RADLET, JEANNE L 3150 OCEAN DR VERO BCH FL 32963	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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASCAL, SAMUEL 3939 OCCEAN DR #3046 VERO BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lois Katzen 980 O'Horo Dr. Rockledge FL 32955	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGBEHN, MYRA 1296 ST LUCIE BLVD SE STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TINGOM, PETER S. 861 ALAMANDA COURT PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIONNE, EDWARD 9 LAKEVIEW AVENUE LAKE PLACID FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pauline Dionne 9 Lakeview Avenue Lake Placid FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VOLKERT, LEON 2300 CORPORATE BLVD #232 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARNEKE, WILLIAM 2731 NEVADA ROAD LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director	☒ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED 2-21-00 561-231-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #