

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751530

FILED
Jan 15, 2009
Secretary of State

Entity Name: DRIFTWOOD VACATION VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

3150 SOUTH OCEAN DRIVE
VERO BEACH, FL 329631954

New Principal Place of Business:

Current Mailing Address:

3150 SOUTH OCEAN DRIVE
VERO BEACH, FL 329631954

New Mailing Address:

FEI Number: 59-2009911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADLET, JEANNE L
3150 OCEAN DR
VERO BCH, FL 32963 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KATZIN, LOIS
Address: 980 O'HARA DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: LANGBEHN, MYRA,
Address: 1296 ST LUCIE BLVD SE
City-St-Zip: STUART, FL

Title: P () Delete
Name: TINGOM, PETER S.,
Address: 861 ALAMANDA COURT
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: MILLINER, PHYLLIS
Address: 270 FAIRWAY DR
City-St-Zip: BOWLING GREEN, KY

Title: STD () Delete
Name: VOLKERT, LEON
Address: 4116 N. OCEAN DR. #700
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VPD () Delete
Name: WARNEKE, WILLIAM
Address: 2731 NEVADA ROAD
City-St-Zip: LAKE LAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MARTINO, ANTHONY
Address: 1126 HOOVER AVE
City-St-Zip: UTICA, NY 13501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON VOLKERT

STD

01/15/2009

Electronic Signature of Signing Officer or Director

Date