FILED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751530

| DOCUN | IFORM BUSINE JENT # 751530 D VACATION VILLAS ASSO | Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90262 002 ****61.25 | | | | | | | | |
|---|--|--|---|--|--|--------------------------------|--|----------------------|--------------------|-------------|
| Principal Place of Business 3150 SOUTH OCEAN DRIVE VERO BEACH FL 32963-1954 | | Mailing Address 3150 SOUTH OCEAN DRIVE VERO BEACH FL 32963-1954 | | | WE THE | | | | | |
| 2. Principal Pla | ace of Business | 3. Mail | ing Address | | | | | Biblis Blusil Biblis | 4/8 /1 /40/ | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | | 4. FEI Number 59-2009911 Applied For Not Applicable | | | | | |
| Zip Country | | Zip | | Cou | intry | 5. Certificate of S | | \$8.75 Addi | | |
| | a Name and Address of Current | Pegletere | d Agent | | | 7. Name and Ad | dress of New Registered | gent | | |
| | 6. Name and Address of Current | Hegistere | a Agent | | Name | | | | | |
| RADLET, JEANNE L 3150 OCEAN DR | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| VERO BC | H FL 32963 | | | | City | | | Zip Code | , | i |
| | named entity submits this statement for | | of shanging its | rogistor | od office or regi | stered agent, or both, in | the State of Florida. I am | amiliar with, | and accept | |
| the obligati | ions of registered agent. Signature, typed or printed name of registered agent. | | | | | quired 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 Florida Department of State | | | |
| | OFFICERS AND D | RECTORS | <u> </u> | 11. | | ADDITIONS/CHAN | GES TO OFFICERS AND DI | RECTORS IN | | ۵ |
| TITLE NAME STREET ADDRESS | D KATZIN, LOIS 980 O'HARA DR | | ☐ Delete | | | | | Change | ☐ Addition | 5037 (10/02 |
| CITY-ST-ZIP TITLE NAME | ROCKLEDGE FL 32955 D LANGBEHN, MYRA | | ☐ Delete | TITI | E | ν. | | ☐ Change | ☐ Addition | CRZE |
| STREET ADDRESS CITY-ST-ZIP | 1296 ST LUCIE BLVD SE STUART FL | | | CIT | Y-ST-ZIP | | | Change | Addition | - |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TINGOM, PETER S. 861 ALAMANDA COURT PLANTATION FL | | ☐ Delete | | Į. | | | | | |
| TITLE NAME STREET ADDRESS | D DIONNE, PAULINE | - | ☐ Delete | | ME REET ADDRESS | | | ☐ Change | Addition | |
| CITY-ST-ZIP TITLE NAME | LAKE PLACID FL 33852 STD VOLKERT, LEON | | ☐ Delete | TIT | Y-ST-ZIP LE ME | | <u> </u> | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 2300 CORPORATE BLVD #232 BOCA RATON FL | | <u></u> | ST CIT | REET ADDRESS TY-ST-ZIP | | | ☐ Change | Addition | - |
| TITLE | VPD | | ☐ Delete | TH | LE | | | change | L Addition | 1 |

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 trusted 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 a address. With all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

WARNEKE, WILLIAM

2731 NEVADA ROAD

LAKELAND FL

7722310550