## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2007 8:00 am Secretary of State

1. Entity Nan	ne	# 755942 OF MARCO, INC.								2007 90	171 04	18 ****	'61.25
Principal Place of Business 540 S COLLIER BLVD MARCO ISLAND, FL 34145 US			Mailing Address 599 S COLLIER BLVD STE 217 MARCO ISLAND, FL 34145 US			US			)0496 				
Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02262007	Chg-NP	CR	2E037	(12/06)	
City & State			City & State				4. FEI Numb 59-236				""		pplied For ot Applicable
Zip		Country	Zip	•	Cou	untry		5. Certificate	of Status Desi	red 🗌		3.75 Add e Require	
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of N	lew Registe	red Age	ent	
HILTON GRAND VACATIONS COMPANY,LLC 6355 METROWEST BLVD SUITE 180 ORLANDO, FL 32835						Name Street Address (P.O. Box Number is Not Acceptable)							
						City					FL	Zip Cod	le
	e named entity	y submits this statement for	or the purpo	ose of changing its	registere	ed office or	register	ed agent, or bot	ı, in the State	of Florida.	am fan	niliar with,	and accept
, coga	_												
SIGNATURE		or printed name of registered agent	and title if appl	licable. (NOTE	E: Registere	ed Agent signatur	re required	when reinstating)		D	ATE		
	Signature, typed		and title if sppt	9. Election Can Trust Fund C	npaign F	Financing		when reinstating) \$5.00 May Boundard to Fees	•	<del></del>	heck p	ayable t	
	Signature, typed	or printed name of registered agent		9. Election Can	npaign F	inancing tion. [		\$5.00 May B		Make c Florida D	heck p epartm	ent of S	itate
SIGNATURE	Filing Fe Due by N VP MYERS, N 647 STAF	or printed name of registered agent e is \$61.25 lay 1, 2007  OFFICERS AND DIE		9. Election Can	npaign F Contributi 11. TITLE NAMI	Financing tion.	□ A P N 6	\$5.00 May Bo Added to Fees	NGES TO OF	Make c Florida D	heck p epartm D DIREC	ent of S	itate
SIGNATURE  10. TITLE NAME STREET ADDRESS	Filing Fe Due by N  VP  MYERS, N 647 STAF SPARTAN  STD OSVOLD, PO BOX 9	or printed name of registered agent e is \$61.25 Ray 1, 2007  OFFICERS AND DIF  A.T. FORD AVE IBURG, SC 29302  HARALD		9. Election Can Trust Fund C	TIPLE NAMES STREET	E E E E TADORESS ST-ZIP E	P P 66 S C 77	\$5.00 May Be Added to Fees ADDITIONS/CHA Myers, M.T. 47 Stafford Av	NGES TO OF 29302  m er Road	Make c Florida D	heck p epartm D DIREC	ent of S	itate N 10
SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fe Due by N  VP  MYERS, N 647 STAF SPARTAN STD OSVOLD, PO BOX 9 OSLO, NO PD CHANDLE 790 OLD 1	or printed name of registered agent e is \$61.25 Ray 1, 2007  OFFICERS AND DIF  M.T. FORD AVE IBURG, SC 29302  HARALD	RECTORS	9. Election Can Trust Fund C	TIPLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	E E E E E E E E E E E E E E E E E E E	P P N S S S S S S S S S S S S S S S S S	\$5.00 May Be Added to Fees ADDITIONS/CHAPA Ayers, M.T. 47 Stafford Averatanburg, SC/P Chandler, Willia 90 Old Fall Rive	nnges to or 29302 m er Road (A 02747	Make c Florida D	heck pepartm	CTORS IN	N 10 Addition
SIGNATURE  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fe Due by N  VP  MYERS, N 647 STAF SPARTAN STD OSVOLD, PO BOX 9 OSLO, NO PD CHANDLE 790 OLD 1	or printed name of registered agent e is \$61.25 Ray 1, 2007  OFFICERS AND DIF  A.T. FORD AVE IBURG, SC 29302  HARALD I3 DRWAY N 030, ER, WILLIAM FALL RIVER ROAD	RECTORS	9. Election Can Trust Fund C	TIPLE NAME STREE CITY- TITLE NAME STREE CITY-	E E E E E E E E E E E E E E E E E E E	P P N S S S S S S S S S S S S S S S S S	\$5.00 May Be Added to Fees ADDITIONS/CHAP Added to Fees ADDITIONS/CHAP AT STARTON A.T. 47 Stafford Average and the Added to Fees ADDITIONS/CHAP ADDITIONS/CH	nnges to or 29302 m er Road (A 02747	Make c Florida D	heck pepartm	ent of S CTORS IN Change Change	N 10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: M. T. Julio M. T. MyERS 3/2/2007 864583.5662

SIGNATURE AND TYPERFOR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Dark

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