

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90134 015 ****61.25

DOCUMENT # 759243

1. Entity Name

CLUB REGENCY OF MARCO ISLAND CONDOMINIUM ASSOCIA

Principal Place of Business

500 S. COLLIER BLVD.
 MARCO ISLAND FL 34145
 US

Mailing Address

599 S. Collier #309
~~500~~ S. COLLIER BLVD.
 MARCO ISLAND FL 34145-5504
 US

2. Principal Place of Business

3. Mailing Address

599 S. Collier Blvd. #309

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 Suite #309

City & State

City & State
 Marco Island, Florida

Zip

Country

Zip
 34145

Country

US

4. FEI Number

59-2800972

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

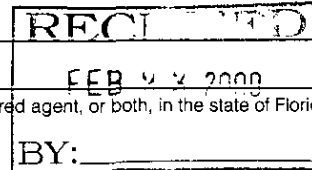
7. Name and Address of New Registered Agent

% HILTON GRAND VACATIONS COMPANY
~~13391 MCGREGOR BLVD.~~ 599 S. Collier Blvd #309
~~FT. MEYERS FL 33919~~ Marco Island, FL 34145

Name

Street Address (P.O. Box Number is Not Acceptable)

City



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	PD PEARMAN, RALPH S. 228 W. CRAWFORD ST. PARIS IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAJARIAN, BERGE 13325 THIRD STREET FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZART, DAVID P. 13131 UNIVERSITY DRIVE-VIP FT. MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIMMERMAN, ARNOLD 8814 WOODFOX DRIVE ST. LOUIS MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREHM, JANICE #92 EAST SURRY ROAD KEENE NH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINENO, CHARLES 316 HIGHLAND DRIVE SHIPPENVILLE PA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Irle, Charles E. 1185 Dunwoody Road Atlanta, GA 30338	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Charles E. Irle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)