FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:10

DOCUMENT # 768999 (5)

1. Corporation Name

L.O.V.O. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
U.S. 192 WEST 7770 W IRLO BRONSON MEM HWY KISSIMMEE FL 34746	U.S. 192 WEST 7770 W IRLO BRONSON MEM HWY KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1983
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2942714 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MCCOY, LEONARD F.
6499 BRANDON DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: LIFETIME OF VACATION MANAGEMENT CO
82 Street Address (P.O. Box Number is Not Acceptable): 7770 WEST IRLO BRONSON MEMORIAL HWY
83
84 City: KISSIMMEE FL 85 Zip Code: 34747

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P, D	☐ Change ☑ Addition
NAME	MCCOY, LEONARD F.	1.2 NAME	HAROLD BALLOFF	
STREET ADDRESS	6499 BRANDON DRIVE	1.3 STREET ADDRESS	RR 1 BOX 287 WEST ROAD	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	WATERBORO ME 04087	
TITLE	VD	2.1 TITLE	VP, D, T	☐ Change ☑ Addition
NAME	MCCOY, JOSEPH F.	2.2 NAME	LARRY BLAISE	
STREET ADDRESS	2800 BRYANT ROAD	2.3 STREET ADDRESS	1329 COLWELL LANE	
CITY-ST-ZIP	LEXINGTON KY	2.4 CITY-ST-ZIP	CONSHOHOCKEN, PA 19428	
TITLE	STD	3.1 TITLE	D, VP	☐ Change ☑ Addition
NAME	VARNEY, RALPH W. E.,JR.	3.2 NAME	JOHN BRUGHTON	
STREET ADDRESS	1025 DOVE RUN RD STE 109	3.3 STREET ADDRESS	53221 SHELBY RD	
CITY-ST-ZIP	LEXINGTON, KY 40502	3.4 CITY-ST-ZIP	SHELBY TWP, MI 48316	
TITLE		4.1 TITLE	D, S	☐ Change ☑ Addition
NAME		4.2 NAME	STEVE STEWART	
STREET ADDRESS		4.3 STREET ADDRESS	47 ADRIAN AVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRONX NY 10463	
TITLE		5.1 TITLE		☑ Change ☐ Addition
NAME		5.2 NAME	MCCOY, LEONARD	
STREET ADDRESS		5.3 STREET ADDRESS	8306 BOB O LINK DR	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000033