

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/20/1983

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2942714

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIFETIME OF VACATION MGMT INC
7770 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34747

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 D ☐ DELETE
NAME MCCOY, LEONARD F.
STREET ADDRESS 8306 BOB O LINK DR
CITY-ST-ZIP WEST PALM BEACH FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME MCCOY, JOSEPH F.
STREET ADDRESS 2800 BRYANT ROAD
CITY-ST-ZIP LEXINGTON KY

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE STD ☒ DELETE
NAME VARNEY, RALPH W. E., JR.
STREET ADDRESS 1025 DOVE RUN RD STE 109
CITY-ST-ZIP LEXINGTON, KY 40502

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME BULLOFF, HAROLD
STREET ADDRESS RR 1 BOX 287 WEST ROAD
CITY-ST-ZIP WATERBORO ME

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME BLAISSE, LARRY
STREET ADDRESS 1329 COLWEL LANE
CITY-ST-ZIP CONSHOCKEN PA

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME BROUGHTON, JOHN
STREET ADDRESS 53321 SHELBY ROAD
CITY-ST-ZIP SHELBY TWP MI

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407/396-3000

6-15-96

0018256

CR2E037 (3/96)