FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

FILED

Feb 27 1997 8:00am

Secretary of State

Daytime Phone # 0070094

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

KISSIMMEE FL 34746

U.S. 192 WEST 7770 W IRLO BRONSON MEM HWY

DOCUMENT # 7

768999

(5)

U.S. 192 WEST 7770 W IRLO BRONSON MEM HWY

KISSIMMEE FL 34747-1741

Mailing Address

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

					06/20/1983	06/25/1996
2. Principal Pla	ace of Business	28. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
		26		59-2942714	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for in	
4	25	29	30			Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Istered Agent
				81 Name		
LIFETIME OF VACATION MGMT INC				82 Street Address (P.O. Box Number is Not Acceptable)		
7770 W IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34747				83		
			83			
			84	City		les Za Codo
			04	City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statut	les, the abov	e-named cor	poration submits this statement for the pu	rpose of changing its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change was :	authorized b	y the corpora	tion's board of directors. I hereby accept	the appointment as registered
				- -		i i
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NO)	E: Registered Ag	ent signature requ	lred when reinstating)	DATE
12. '	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	3		Change Addition
NAME	MCCOY, LEONARD F.	•	1.2 NAME		Stewart, Steve	•
STREET ADDRESS	8306 BOB O LINK DR		1.3 STREE	T ADDRESS 4	17 Adrian Avenue	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-		Bronx New York	10463
TITLE	PD	DELETE	2.1 TITLE	14	P D'	Change Addition
NAME	BULLOFF, HAROLD		2.2 NAME	Ž	Bullott, Herold	أ
STREET ADDRESS	RR 1 BOX 287 WEST ROAD			T ADDRESS	RRI BOX 207 West	KOAD
CITY-ST-ZIP	YYATERBORO ME		2 4 CITY-		WATERBORD ME	İ
TITLE	DT The state of th	☐ DELETE	31 TITLE	7		Change
NAME	BLAISSE, LARRY	-	3.2 NAME	1 7	Blaisse Larry	
STREET ADDRESS	1329 COLWEL LANE		1		329 Colwell Lane	
				ot zin	Conshocken PA	
CITY-ST-ZIP TITLE	CONSHOCKEN PA DVP	DELETE	3.4. CITY - 4.1 TITLE	SI-ZIF	SOUTH PA	Change Addition
NAME		Jen-Arrent	4.2 NAME			La Grange La Modellett
	BROUGHTON, JOHN			l l		
STREET ADDRESS	53321 SHELBY ROAD		1	T ADDRESS		
CITY-ST-ZIP	SHELBY TWP MI	DELETE	4.4 CITY-	S1-ZIP		☐ Change ▲ Addition
THILE		L., DECEIE	5.1 TITLE		actionly David	Change Addition
NAME ATREET LONDEAG			5.2 NAME		parfinkle, David 111 Lincoln Road,	#800
STREET ADDRESS				T ADDRESS /	liami Beach FL 3.	2120
CITY - ST - ZIP		T DELETE	5.4 CITY-			
TITLE		L DELETE	6.1 TITLE		Spanatstain Do.	Change Addition
NAME			6.2 NAME		S Canal Tain	H20
STREET ADDRESS			6.3 STREE	T ADDRESS	1. CINCOLA LEUKIN,	400
CITY-ST-ZIP			6.4 CITY -		liam, Beach FL 3	
informatio	 indicated on this annual report or su 	pplemental annual report is:	true and acc	urate and the	d in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal	effect as if made under oath; that
I am an of appears in	flicer or director of the corporation or t n Block 12 or Block 13 if changed, or i	he receiver or trustee empoy or an attachmer with an ad	vered to exe dres s.	cute this repo	ort as required by Chapter 617, Florida St	atutes; and that my name