

A9500002044

ACCOUNT NO. : 072100000032

REFERENCE : 782523 10831B

AUTHORIZATION : *Patricia Pajuts*

COST LIMIT : \$ 87.50

ORDER DATE : December 26, 1995

ORDER TIME : 11:29 AM

ORDER NO. : 782523

700001671317

CUSTOMER NO: 10831B

CUSTOMER: Michael Marder, Esq
GREENSPOON MARDER HIRSCHFELD
RAFKIN
135 West Central, Suite 1100

Orlando, FL 32801

DOMESTIC FILING

NAME: WESTGATE VACATION VILLAS, LTD

FILED
95 DEC 26 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	ARTICLES OF INCORPORATION
Available	XX CERTIFICATE OF LIMITED PARTNERSHIP
Docu	
Ex	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
Use	CERTIFIED COPY
XX	PLAIN STAMPED COPY
	CERTIFICATE OF GOOD STANDING
CONTACT-PERSON:	Carina L. Dunlap
EXAMINER'S INITIALS:	

A9500002044

11-00-00

CERTIFICATE OF LIMITED PARTNERSHIP

OF

WESTGATE VACATION VILLAS, LTD.

The undersigned General Partner, WESTGATE VACATION VILLAS, INC., hereby forms a limited partnership pursuant to and in accordance with the Florida Revised Uniform Limited Partnership Act (Florida Statutes Section 620.101, et. seq.) as follows:

1. **Name.** The name of the limited partnership (the "Partnership") is WESTGATE VACATION VILLAS, LTD.

2. **Office Address.** The address of the office of the Partnership in the State of Florida is 5601 Windhover Drive, Orlando, Florida 32819.

3. **Registered Agent.** The name and address of the registered agent of the Partnership for service of process on the Partnership in the State of Florida are WESTGATE VACATION VILLAS, INC., 5601 Windhover Drive, Orlando, Florida 32819.

4. **General Partner.** The name and business address of the General Partner are:

WESTGATE VACATION VILLAS, INC.
5601 Windhover Drive
Orlando, Florida 32819

5. **Mailing Address.** The mailing address of the Partnership is:

5601 Windhover Drive
Orlando, Florida 32819

6. **Dissolution.** The latest date upon which the Partnership will dissolve is December 31, 2050.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership as of the 21 day of December, 1995.

WESTGATE VACATION VILLAS, LTD.

BY: WESTGATE VACATION VILLAS, INC.,
General Partner

BY: 
David A. Siegel, President

STATE OF FLORIDA)
) SS.
COUNTY OF ORLANDO)

The foregoing instrument was acknowledged before me this 21 day of December, 1995, by David A. Sigel, as President of WESTGATE VACATION VILLAS, INC., the General Partner of WESTGATE VACATION VILLAS, LTD., who is personally known to me or ~~has produced~~ _____ as a type of identification and who did/did not take an oath.

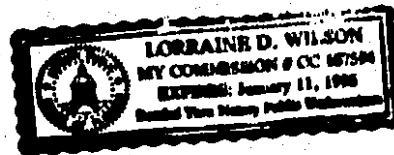
Lorraine D. Wilson

Print Name:

Notary Public, State of:

Serial Number, if any:

My commission expires:



**CERTIFICATE DESIGNATING REGISTERED AGENT
AND REGISTERED OFFICE**

In compliance with Florida Statutes Section 620.192, the following is submitted:

Westgate Vacation Villas, Ltd., desiring to organize as a Limited Partnership under the laws of the State of Florida, has designated 5601 Windhover Drive, Orlando, Florida 32819 as its initial Registered Office, and has named Westgate Vacation Villas, Inc., located at the same address, as its Registered Agent.

WESTGATE VACATION VILLAS, LTD.

BY: WESTGATE VACATION VILLAS, INC.,
General Partner

BY: _____

David A. Siegel

President

Having been named Registered Agent for the above stated Limited Partnership, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties.

Partner

WESTGATE VACATION VILLAS, INC., General

BY: _____

David A. Siegel

, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, being the sole General Partner of WESTGATE VACATION VILLAS, LTD., a Florida limited partnership, upon penalty of perjury, certifies as follows:

The amount of capital contributions of the limited partners is \$1,000.00.

Dated this 21 day of December, 1995.

WESTGATE VACATION VILLAS, INC., as General
Partner of WESTGATE VACATION VILLAS, LTD.

BY: _____

David A. Siegel, President

STATE OF FLORIDA)

SS.

COUNTY OF ORANGE)

FILED
DEC 26 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The foregoing instrument was acknowledged before me this 21 day of December, 1995, by David A. Siegel as President of WESTGATE VACATION VILLAS, INC., the General Partner of WESTGATE VACATION VILLAS, LTD., who is personally known to me or ~~has produced~~ as a type of identification and who did/did not take an oath.

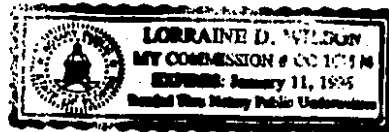
Lorraine D. Wilson

Print Name:

Notary Public, State of:

Serial Number, if any:

My commission expires:



FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN -9 PM 5:18

1. Name of Limited Partnership

1a. DOCUMENT #

A55000002044

WESTGATE VACATION VILLAS, LTD

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

400001686284

Suite Apt # etc. -01/11/96--01022--007

****191.25 ****191.25

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite Apt # etc.

City, State & Zip

Mailing Address

Principal Office Address

5601 WINDHOVER DR
ORLANDO, FLORIDA 32819

5601 WINDHOVER DR
ORLANDO, FLORIDA 32819

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA
12/31/95

3a. Date of Last Report
N/A

4. State or Country of Formation
FL ORIDA

5a. Capital Contributions as Shown
on Record
\$1,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$1,000.00

6. FEIN Number

XX Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

WESTGATE VACATION VILLAS, INC
5601 WINDHOVER DR
ORLANDO, FLORIDA 32819

Name

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

Suite Apt # etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

12/29/95

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

WESTGATE VACATION VILLAS, INC 5601 WINDHOVER DR

ORLANDO, FLORIDA 32819

89500096525

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/29/95

Typed or Printed Name of General Partner: Signatory on

DAVID SIEGEL AS PRESIDENT OF GENERAL
PARTNER WESTGATE VACATION VILLAS, INC.

Telephone Number 407-351-3350

CR2E003 (6/95)