

DOCUMENT # F95000003469

1. Entity Name

AKG-SINT MAARTEN N.V.

FILED

00 AUG -4 AM 8:09

AMENDMENT

Principal Place of Business

Mailing Address

AIRPORT ROAD, SIMPSON BAY
ST MAARTEN FL

SUNTERRA CORPORATION
1781 PARK CENTER DR.
ORLANDO FL 32835-6210
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6177 Lake Ellenor Dr.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32809

US

4. FEI Number

59-3324734

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, L S 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODMAN, RICHARD 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, THOMAS A 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Charles C. Frey 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stephen M. Richmond 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Keith J. Brown 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T. Lincoln Morison 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas J. Gispanski 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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1347.50 **61.25

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like amendments.

SIGNATURE:

Stephen M. Richmond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 532-1350

CR2E034 (9/99)