

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004335

FILED
Apr 02, 2009
Secretary of State

Entity Name: MARRIOTT VACATION PROPERTIES OF FLORIDA, INC.

Current Principal Place of Business:

10400 FERNWOOD ROAD
DEPT 924.13
BETHESDA, MD 20817

New Principal Place of Business:

Current Mailing Address:

10400 FERNWOOD ROAD
DEPT 924.13
BETHESDA, MD 20817

New Mailing Address:

PO BOX 699
LOUISVILLE, TN 37777

FEI Number: 52-1997472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEISZ, STEPHEN P
Address: 10400 FERNWOOD ROAD
City-St-Zip: BETHESDA, MD 20817

Title: V () Delete
Name: PULSE, M. LESTER JR
Address: 10400 FERNWOOD ROAD
City-St-Zip: BETHESDA, MD 20817

Title: T () Delete
Name: HANDLON, CAROLYN B
Address: 10400 FERNWOOD RD
City-St-Zip: BETHESDA, MD 20817

Title: AS () Delete
Name: BENZ, NANCY L
Address: 10400 FERNWOOD ROAD
City-St-Zip: BETHESDA, MD 20817

Title: D () Delete
Name: KIMBALL, KEVIN M
Address: 10400 FERNWOOD ROAD
City-St-Zip: BETHESDA, MD 20817

Title: D () Delete
Name: MANN, W. DAVID
Address: 10400 FERNWOOD ROAD
City-St-Zip: BETHESDA, MD 20817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CULLEN, MICHAEL E
Address: 1965 MARRIOTT DR
City-St-Zip: LOUISVILLE, TN 37777

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: FLOYD, LAURA
Address: 1965 MARRIOTT DR
City-St-Zip: LOUISVILLE, TN 37777

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA FLOYD

AS

04/02/2009

Electronic Signature of Signing Officer or Director

Date