

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90109 047 \*\*\*150.00

DOCUMENT # F96475

1. Corporation Name

VACATION RESORTS OF AMERICA, INC.

Principal Place of Business

11216 TAMiami TR. N.  
STE. 110  
NAPLES FL 33963

Mailing Address

11216 TAMiami TR. N.  
STE. 110  
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1982

4. FEI Number

59-2340084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 11216 Tamiami Trail No.

2a. Mailing Address

26 11216 Tamiami Trail North

Suite, Apt. #, etc.

22 Suite 110

Suite, Apt. #, etc.

27 Suite 110

City & State

23 Naples, FL 34110

City & State

28 Naples, FL 34110

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VAIK, EDWARD  
11216 TAMiami TR. N.  
STE. 110  
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

Edward Vaik

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

11216 Tamiami Trail North

83

Suite 110

84

City

Naples

FL

85 Zip Code  
34110

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VAIK, EDWARD (OFFICER)

STREET ADDRESS 11216 TAMiami TR. N. 110

CITY-ST-ZIP MIAMI-FL-33963

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Vaik, Edward (Officer)

1.3 STREET ADDRESS 11216 Tamiami Trail North, Suite 110

1.4 CITY-ST-ZIP Naples, FL 34110

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 941649 4681

0459364

CR2E034 (11/98)