

010726

DOCUMENT # F98000002666

1. Entity Name
SUNTERRA TRAVEL, INC.

FILED

00 AUG -4 AM 7:25

Principal Place of Business
116TH AVE
WA 98004

Mailing Address
1781 PARK CENTER DR.
ORLANDO FL 32835-6210

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
6177 Lake Ellenor Dr.
Suite, Apt. #, etc.
City & State
Orlando, FL
Zip
32809
Country
US

4. FEI Number 91-1074355
Applied For
Not Applicable

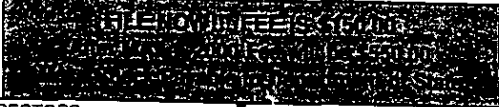
6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
DP	THELEN, ANDREW J	☒ Delete	TITLE	P/D	☐ Change ☒ Addition
ST-ZIP	1417 116TH AVE. BELLEVUE WA 98004		NAME	Charles C. Frey	
			STREET ADDRESS	6177 Lake Ellenor Dr.	
			CITY-ST-ZIP	Orlando, FL 32809	
DVT	SKRABY, THOMAS A	☒ Delete	TITLE	S	☐ Change ☒ Addition
ST-ZIP	1417 116TH AVE. BELLEVUE WA 98004		NAME	Stephen M. Richmond	
			STREET ADDRESS	6177 Lake Ellenor Dr.	
			CITY-ST-ZIP	Orlando, FL 32809	
V	FREY, CHARLES C	☒ Delete	TITLE	T	☐ Change ☒ Addition
ST-ZIP	1781 PARK CENTER DR. ORLANDO FL 32835		NAME	Keith J. Brown	
			STREET ADDRESS	6177 Lake Ellenor Dr.	
			CITY-ST-ZIP	Orlando, FL 32809	
S	ESTEP, LONDON	☒ Delete	TITLE	D	☐ Change ☒ Addition
ST-ZIP	1417 116TH AVE. BELLEVUE WA 98004		NAME	T. Lincoln Morison	
			STREET ADDRESS	6177 Lake Ellenor Dr.	
			CITY-ST-ZIP	Orlando, FL 32809	
	800003384068	☐ Delete	TITLE	D.	☐ Change ☒ Addition
ST-ZIP	-09/06/00--01095--003 ***1347.50 *****61.25		NAME	Thomas J. Gispanski	
			STREET ADDRESS	6177 Lake Ellenor Dr.	
			CITY-ST-ZIP	Orlando, FL 32809	
		☐ Delete	TITLE	D/VP	☐ Change ☒ Addition
ST-ZIP			NAME	Thomas A. Skrabby	
			STREET ADDRESS	1417 116th Ave.	
			CITY-ST-ZIP	Bellevue, WA 98004	

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 empowered.

SIGNATURE: Stephen M. Richmond 532-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (407) 532-1000
Date Daytime Phone

CR2E034 (9/99)