2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000004148**

NATIONAL ASSOCIATION OF TIMESHARE OWNERS, INC.



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90045 013 ****61.25

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•	ce of Business	Mailing Address	<u>'</u>						
		1912 B LEE RD. ORLANDO FL 32810							
B Discount	No. of D. oi	La Maria Addan							
2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address		. 3 16001100 1111 111111 	i idilis dalis dalis exist exist ex	HERT BERON FIBER DA	DOY HOLL HODY	
Suite, Apt. #, etc:		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 59-3506373			oplied For ot Applicable	
Zip	Country	Zip	p Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			<u>' </u>		7. Name and Addre	ess of New Registered	Agent		
	- The state of the	* #£ +=\$;	- Name.⊸⁼	<u> </u>	4 -5 - 22	the wasternames and the	 		
MICHAEL SPECK & ASSOCIATES, INC. 1912 B LEE RD.				Street Address (P.O. Box Number is Not Acceptable)					
	D FL 32810								
			City			FL	Zip Cod	е	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registere	ed agent, or both, in th	ne State of Florida. I am	familiar with,	and accept	
and dengar	iono or regionarou agont.								
SIGNATURE .			•						
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent signatu	re required	when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 9. Election Campaign Fi					\$5.00 May Be	Make Chec	k Payable	to	
٠,	1 EL 11011. 1 EL 10 401.23	Trust Fund C	Trust Fund Contribution.			Florida Depar	tment of S	State	
10. OFFICERS AND DIRECTORS 11.			11.	Α	DDITIONS/CHANGES	S TO OFFICERS AND D	RECTORS IN	1 10	
TITLE !,	CD	☐ Delete	TITLE		ı		☐ Change	Addition	
NAME ,	LUGEN, MEGHAN		NAME					;	
STREET ADDRESS CITY-ST-ZIP	813 MAPLEHURST PARK APT 3 NASHVILLE TN		STREET ADDRESS CITY-ST-ZIP		,				
TITLE	V	☐ Delete	TITLE	ν.	e:		Change	Addition	
NAME	BARR, ELLEN		NAME						
STREET ADDRESS CITY-ST-ZIP	PO BOX 4243 WINTER PARK FL 32793		STREET ADDRESS CITY-ST-ZIP						
TITLE	MINIER PARK LE 32/33	☐ Delete	TITLE		+	Taken dig taken by the Prince of the Prince	Change	Addition	
NAME			NAME				_ ' ',	_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
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TITLE	The Committee of the American Section 1999	~ ### / # Delete***** *		er agt s	talis same in a same of the	se su su	Change	☐ Addition	
NAME STREET ADDRESS	2 1 KI WION HALE	•	NAME . STREET ADDRESS		1				
CITY-ST-ZIP			CITY-ST-ZIP			i, "			

12. Thereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: