

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G19736** (9)
1. Corporation Name
ISLAND ONE RESORTS MANAGEMENT CORPORATION

Principal Place of Business
**2345 SANDLAKE ROAD
SUITE 200
ORLANDO FL 32809-9115**

Mailing Address
**2345 SANDLAKE ROAD
SUITE 200
ORLANDO FL 32809-9115**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/21/1983** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2302506** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. # etc 26 Suite, Apt. # etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**KORSHAK, STEPHEN
2345 SAND LAKE ROAD
SUITE 120
ORLANDO FL 32809**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

(Print or type name of registered agent or registered agent in lieu of signature. If registered agent is a corporation, print name of corporation and name and title of officer or director authorized to sign.)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY, ST, ZIP
DC LINDEN, DEBORAH L 2345 SANDLAKE RD. #100 ORLANDO FL
DVS SPRINGER, JOHN E. 2345 SANDLAKE RD. #100 ORLANDO FL
DT BRUNO, ALBERT 4701 NORTH CUMBERLAND NORRIDGE IL
DV BEAULIEU, ROBERT 5341 W. BELMONT AVENUE CHICAGO IL
DP FLORY, PAUL G. 2345 SAND LAKE RD. #200 ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attached form with an address.

SIGNATURE:

Deborah L. Linden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Deborah L. Linden - Director/Chairman

04/17/95

407/859-8900