

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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~~

2. Principal Place of Business

21 **200 South Orange Ave.**

Suite, Apt. #, etc.

22 **Suite 2300**

City & State

23 **Orlando, FL**

Zip Country

24 **32801-3432** 30

2a. Mailing Address

26 **200 South Orange Ave.**

Suite, Apt. #, etc.

27 **Suite 2300**

City & State

28 **Orlando, FL**

Zip Country

29 **32801-3432** 30

3. Date Incorporated or Qualified
01/21/1983

3a. Date of Last Report
05/01/1995

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

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

Signature, typed or printed name of registered agent and other filers (if any)

(DATE) (Print) (Typed) Agent's signature (required when new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **LINDEN, DEBORAH L**
STREET ADDRESS **2345 SANDLAKE RD. #100**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TSD** ☐ DELETE

NAME **BRUNO, ALBERT**
STREET ADDRESS **4701 NORTH CUMBERLAND AVENUE**
CITY-ST-ZIP **NORRIDGE IL**

TITLE **DV** ☐ DELETE

NAME **BEAULIEU, ROBERT**
STREET ADDRESS **5341 W. BELMONT AVENUE**
CITY-ST-ZIP **CHICAGO IL**

TITLE **DP** ☐ DELETE

NAME **FLORY, PAUL G.**
STREET ADDRESS **2345 SAND LAKE RD. #200**
CITY-ST-ZIP **ORLANDO FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

800001799788

-04/29/96-0114-034

*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 407-859-8900

CR2E034 (12/95)