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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business

Mailing Address

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

**280 SOUTH ORANGE AVE.
SUITE 2000
ORLANDO FL 32801-8440**

3. Date Incorporated or Qualified

01/21/1983

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Same as Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINDEN, DEBORAH
2345 SAND LAKE ROAD
SUITE 120
ORLANDO FL 32809**

81 Name

Korshak, Stephen D

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

2345 Sand Lake Road

83

84 City

Orlando

FL

85 Zip Code
32809

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

Stephen D. Korshak

(NOTE: Registered Agent signature required when reinstating)

4/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP

Sanchez, Sulyn

2345 Sand Lake Road, #100

Orlando, FL 32809

14. I do 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.

SIGNATURE:

Stephen D. Korshak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

407-859-8900
Daytime Phone #

CR2E034 (9/96)