

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G19736

1. Corporation Name

ISLAND ONE RESORTS MANAGEMENT CORPORATION

Principal Place of Business

2345 SANDLAKE ROAD **please note
SUITE 200 address cor-
ORLANDO FL 32809-9115 rections**

Mailing Address

2345 SAND LAKE ROAD **please note
STE #200 address cor-
ORLANDO FL 32809 rections**
US

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90035 034 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1983

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2345 Sand Lake Road,
Suite, Apt. #, etc.

2a. Mailing Address

26 2345 Sand Lake Road,
Suite, Apt. #, etc.

22 Suite 100
City & State

27 Suite 100
City & State

23 Orlando, Florida

28 Orlando, Florida

Zip Country

24 32809

Zip Country

29 32809

30

9. Name and Address of Current Registered Agent

KORSHAK, STEPH D **please note name and
2345 SAND LAKE ROAD address corrections**
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

Korshak, Stephen D.

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

2345 Sand Lake Road, Suite 120

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC

LINDEN, DEBORAH L

2345 SANDLAKE RD. #100

ORLANDO FL

**please note ad-
dress corrections**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

SANCHEZ, SULYN

2345 SAND LAKE ROAD, #100

ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DCT

Linden, Deborah L.

2345 Sand Lake Road; Suite 100

Orlando, Florida 32809

P

Stumbras-Sanchez, Sulyn

2345 Sand Lake Road, Suite 100

Orlando, Florida 32809

DS

Erfurth, Cary J.

2345 Sand Lake Road, Suite 100

Orlando, Florida 32809

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah L. Linden

01/11/99 407-859-8900

Date

Daytime Phone #

CR2E034 (1/98)