

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G19736

1. Entity Name  
ISLAND ONE RESORTS MANAGEMENT CORPORATION



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 JUN 16 AM 11:06

Principal Place of Business  
2345 SANDLAKE ROAD  
STE 100  
ORLANDO, FL 32809

Mailing Address  
2345 SANDLAKE ROAD  
STE 100  
ORLANDO, FL 32809 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06032004 Chg-P

CR2E034 (10/03)

4. FEI Number  
59-2302506

Applied For  
Not Applicable

5. Certificate of Status Desired **XX** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORSHAK, STEPHEN D  
2345 SAND LAKE ROAD  
STE 120  
ORLANDO, FL 32809

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete  
NAME LINDEN, DEBORAH L  
STREET ADDRESS 2345 SAND LAKE RD STE 100  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE ☐ Change ☐ Addition  
NAME 200038480312  
STREET ADDRESS 06/30/04--01046--010 \*\*70.00  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME STUMBRAS SANCHEZ, SULYN  
STREET ADDRESS 2345 SAND LAKE ROAD, #100  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE **XX** Change ☐ Addition  
NAME Stumbras, Sulyn  
STREET ADDRESS 2345 Sand Lake Road, Suite 100  
CITY-ST-ZIP Orlando, FL 32809

TITLE DS ☐ Delete  
NAME ERFURTH, CARY J  
STREET ADDRESS 2345 SAND LAKE RD STE 100  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TS ☐ Delete  
NAME HOLBROOK, KAREN S  
STREET ADDRESS 2345 SAND LAKE ROAD, #100  
CITY-ST-ZIP ORLANDO, FL 32809

TITLE **X** Change ☐ Addition  
NAME Holbrook, Karen S.  
STREET ADDRESS 2345 Sand Lake Road, Suite 100  
CITY-ST-ZIP Orlando, FL 32809

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/04

Date

407-859-8900

Daytime Phone #