FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G53816 (6)

1. Corporation Name

RV RESORT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
% ARTHUR J. POISSON 6566 NORTH MILITARY TRAIL W. PALM BEACH FL 33407	% ARTHUR J. POISSON 6566 NORTH MILITARY TRAIL W. PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1983	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: NOT APPLICABLE	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

POISSON, ARTHUR J.
6566 NORTH MILITARY TRAIL
W. PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name: THOMAS G. LUMBRA, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 6566 N. MILITARY TRAIL
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33407

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: S/ Thomas G. Lumbra Jr. THOMAS G. LUMBRA, JR. PRESIDENT 3-15-95
Signature, typed or printed name of registered agent, and title if agent is a corporation (Registered Agent's signature required on annual report) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	PD	TITLE	PD ☒ Change ☐ Addition
NAME	POISSON, ARTHUR J.	NAME	LUMBRA, THOMAS G., JR.
STREET ADDRESS	711 NORTH COUNTY ROAD	STREET ADDRESS	115 TIMBER RUN W.
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D	TITLE	VD ☒ Change ☐ Addition
NAME	POISSON, MARY LOUISE	NAME	POISSON, MARY LOUISE
STREET ADDRESS	711 NORTH COUNTY ROAD	STREET ADDRESS	711 N. COUNTY ROAD
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VSD	TITLE	S ☒ Change ☐ Addition
NAME	LUMBRA, THOMAS G. JR.	NAME	MEGRATH, BRYAN
STREET ADDRESS	115 TIMBER RUN WEST	STREET ADDRESS	6566 N. MILITARY TRAIL
CITY-ST-ZIP	W. PALM BCH. FL	CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct. I am aware that false information submitted in a document to the Department of State for filing is a violation of Florida law. 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 12 or Block 13 above, or on an attached report with an address.

SIGNATURE: S/ Thomas G. Lumbra Jr. THOMAS G. LUMBRA, JR., PRES. 3-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date)

407-848-6277
(Daytime Phone #)