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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:16

DOCUMENT # **H55156** **(4)**

1. Corporation Name
P.B. VACATION WEEKS, INC.

Principal Place of Business	Mailing Address
3045 POLYNESIAN ISLES BLVD. KISSIMMEE FL 34746 US	515 N FLAGLER DR THE PAVILION 4TH FLOOR W PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1985
3a. Date of Last Report: 03/10/1994

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: 59-2567652 ☐ 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

BERKELEY RESORTS MANAGEMENT CORP.
C/O RICHARD J. EGGERT
30545 POLYNESIAN ISLES BLVD
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

61 Name: JOHN R. ERBEY
62 Street Address (P.O. Box Number is Not Acceptable): BERKELEY FEDERAL BANK & TRUST FSB
63: 515 N. FLAGLER DR., P400
64 City: WEST PALM BEACH FL 65 Zip Code: 33401

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] 3/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CEO	☐ Change ☒ Addition
NAME	BROWN, RORY S	12 NAME		
STREET ADDRESS	515 N FLAGLER DR	13 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ERBEY, WILLIAM C	22 NAME		
STREET ADDRESS	515 N FLAGLER DR	23 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	DP	31 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, JOHN	32 NAME		
STREET ADDRESS	515 N FLAGLER DR	33 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL	34 CITY-ST-ZIP		
TITLE	VT	41 TITLE	MD/S	☒ Change ☐ Addition
NAME	TAYLOR, MARK B	42 NAME	JOHN R. ERBEY	
STREET ADDRESS	515 N FLAGLER DR	43 STREET ADDRESS	515 N FLAGLER DR	
CITY-ST-ZIP	W PALM BEACH FL	44 CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VAS	51 TITLE	MD/CFO	☒ Change ☐ Addition
NAME	KENNEDY, DALE	52 NAME	CHRISTINE A. REICH	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD.	53 STREET ADDRESS	515 N FLAGLER DR	
CITY-ST-ZIP	KISSIMMEE FL	54 CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VAS	61 TITLE	SVP/AS	☒ Change ☐ Addition
NAME	WILHOIT, STEPHEN C	62 NAME		
STREET ADDRESS	515 N FLAGLER DR	63 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL	64 CITY-ST-ZIP		

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)(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: Steven C. Wilhoit 3-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242206 CP