

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90067 013 ***150.00

DOCUMENT # H97819

1. Entity Name

VINTAGE VACATIONS, INC.



Principal Place of Business

13716 LITTLE RD.
HUDSON FL 34667
US

Mailing Address

13716 LITTLE RD.
HUDSON FL 34667
US

2. Principal Place of Business

12100 CROAKSTONE DR

Suite, Apt. #, etc.

A

3. Mailing Address

12100 CROAKSTONE DR

Suite, Apt. #, etc.

2

City & State

HUDSON FL 34667

City & State

HUDSON FL 34667

Zip

34667

Country

USA

Zip

34667

Country

USA

4. FEI Number

59-2633165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPPELREITER, CHARLES

~~9720 VIA SEGOVIA~~

~~NEW PT. RICHEY FL 34655~~

14155 WHITECAP

HUDSON, FL. 34667

New address 71

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME POPPELREITER, CHERYL ANN
STREET ADDRESS 11823 BOYNTON LN.
CITY-ST-ZIP NEW PT. RICHEY FL 34654

TITLE PD ☐ Delete
NAME POPPELREITER, CHARLES
STREET ADDRESS ~~9720 VIA SEGOVIA~~ 14155 WHITECAP
CITY-ST-ZIP ~~NEW PT. RICHEY FL~~ HUDSON, FL. 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

CHARLES POPPELREITER

2-19-04 727 818 2517

Date

Daytime Phone #