

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H97819

Entity Name: VINTAGE VACATIONS, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

12100 COBBLESTONE DR
SUITE 2
HUDSON, FL 34667 US

New Principal Place of Business:

12043 COBBLESTONE DR
HUDSON, FL 34667 US

Current Mailing Address:

12100 COBBLESTONE DR
SUITE 2
HUDSON, FL 34667 US

New Mailing Address:

12043 COBBLESTONE DR
HUDSON, FL 34667 US

FEI Number: 59-2633165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPPELREITER, CHARLES
14155 WHITECAP
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: POPPELREITER, CHERYL, ANN
Address: 11823 BOYNTON LN.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD () Delete
Name: POPPELREITER, CHARLE, S
Address: 14155 WHITECAP
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: CHARLES A POPPELREIT, ER
Address: 14155 WHITECAP AV
City-St-Zip: HUDSON, FL 34667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A POPPELREITER

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date