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 MAY -1 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K93717 (2)

1. Corporation Name
THE CLUB OF THE VILLAS AT RESORT WORLD, INC.

Principal Place of Business	Mailing Address
2758 POINCIANA BLVD KISSIMMEE FL 34746	2758 POINCIANA BLVD KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1989
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3014866	☐ Applied For ☐ Not Applicable
21 8405 Palm Parkway	26 P.O. Box 422168		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: LAKE BUENA VISTA, FL	28 City & State: KISSIMMEE, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 32836 25 Country: ORANGE	29 Zip: 34742-2168 30 Country: OSCEOLA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEYERS, STEVEN M. ONE BISCAYNE TOWER, SUITE #3550 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131	81 Name: MEYERS STEVEN M. ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 Zip Code

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	1.1 TITLE		☐ Change ☐ Addition
NAME	KAPLUS, ROBERT A.	1.2 NAME		
STREET ADDRESS	3235 TOMAHAWK DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE		☐ Change ☐ Addition
NAME	MEYERS, HILLEL A.	2.2 NAME		
STREET ADDRESS	4875 PINE TREE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE		☒ Change ☐ Addition
NAME	MEYERS, NEIL	3.2 NAME		
STREET ADDRESS	11111 BISCAYNE BLVD 1556	3.3 STREET ADDRESS	5001 LAKE CECIL DRIVE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	KISSIMMEE, FL. 34746	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0374444 CP