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PROFIT CORPORATION **ANNUAL REPORT**

1999

DOCUMENT # K93717



THE CLUB OF THE VILLAS AT RESORT WORLD, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90051 010 ***150.00

Principal Place	of Business	Mailing Address			T FORTBUIL OLD IDIOR FIRE LOOD	1 (1816 1881 B1911 B	IEN 248N BIBN B	1815 B1851 1981	
8405 PALM PARKWAY P.O. BOX 422168 LAKE BUENA VISTA FL 32836 KISSIMMEE FL 34742-2168 US US				DO NOT W	RITE IN THIS	SPACE	•	_	
•					3. Date Incorporated or Qualif	ed]
					06/08/1989				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For	9
21		26			59-3014866			t Applicable	1.
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A		'
City & State	<u> </u>	City & State		· · ·	6. Election Campaign Financin		\$5.00	·	ì
23	5	28			Trust Fund Contribution	'9 	Added to		-
Zip	Country	Zip	Cou	ntry	8. This corporation owes the c	urrent year Int	angible		1
24	25	29	30		Personal Property Tax.		****	□No	1
	9. Name and Address of Current	t Registered Agent		nal 44	10. Name and Address of New	w Registered	Agent		┨
MEV	FRO DA OTEVENIM			81 Name					
	ers, pa, steven m Biscayne tower, suite #35!	50		82 Street Ac	ddress (P.O. Box Number is Not Acce	ptable)]
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****				84 City	* * * * * * * * * * * * * * * * * * * *	F1	85 Zip C	Code 'fil 'ski	
office or n	to the provisions of Sections 607.050; egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a	uthorized	I by the corpora	orporation submits this statement for t ation's board of directors. I hereby ac	he purpose of cept the appoi	changing its ntment as reg	registered gistered	
-									
SIGNATURE									1
	Signature, typed or printed name of registered agen			Agent signature requ	uired when reinstating)	DATE	ID DIRECTO	DC IN 12	\ -\ 3
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO				
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CITY-ST-ZIP 14. 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 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, with all other like empowered.

SIGNATURE: