LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90130 018 ****50.00

DOCUMENT # L01000010684

1. Entity Name

VACATION COMMUNITY ASSOCIATION MANAGEMENT, LLC

DO NOT WRITE IN THIS SPACE

$61460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12800 UNIVERSITY DRIVE	12800 UNIVERSITY DRIVE
Suite, Apt. #, etc.: SUITE 575	Suite, Apt. #, etc.: SUITE 575
City & State: FORT MYERS, FL	City & State: FORT MYERS, FL
Zip: 33907 Country: USA	Zip: 33907 Country: USA

4. FEI Number: 65-1117535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BILLUPS, REGINALD D.

Street Address (P.O. Box Number is Not Acceptable): 12800 UNIVERSITY DRIVE

SUITE 575

City: FORT MYERS **FL** Zip Code: 33907

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 31, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BILLUPS, REGINALD D.
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 575
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	M
NAME	HAWKINS, ELAIN A.
STREET ADDRESS	6642 DANIEL COURT
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	M
NAME	HAWKINS, FREDDIE L.
STREET ADDRESS	6643 DANIEL COURT
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	M
NAME	MOORE, MITCHELL R.
STREET ADDRESS	2082 WILDLIME DRIVE
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	M
NAME	OCCHIOGROSSO, JACK M.
STREET ADDRESS	15331 ALLEN WAY
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E083B (12/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/29/02 941-433-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

REGINALD D. BILLUPS, MANAGING MEMBER