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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:16

DOCUMENT # **M15227** **(5)**

1. Corporation Name
AVALON VACATION WEEKS, INC.

Principal Place of Business	Mailing Address
515 NORTH FLAGLER DRIVE PAVILION, 4TH FLOOR WEST PALM BEACH FL 33401 US	515 NORTH FLAGLER DRIVE PAVILION, 4TH FLOOR WEST PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 05/10/1985	3a. Date of Last Report: 07/20/1994
21	26	4. FEI Number: 59-2553955	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

BERKELEY RESORTS MANAGEMENT CORP.
3045 POLYNESIAN ISLES BLVD
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name: JOHN R. ERBEY
82 Street Address (P.O. Box Number is Not Acceptable): 515 NORTH FLAGLER DRIVE
83: PAVILION, 4TH FLOOR
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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: 3/8/95
Signature of new 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, JOHN T	12 NAME		
STREET ADDRESS	515 NORTH FLAGLER DRIVE, PAVILION, 4TH FL	13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ERBEY, WILLIAM C.	22 NAME		
STREET ADDRESS	515 NORTH FLAGLER DR., PAVILION 4TH FLOOR	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	CCEO	31 TITLE		☐ Change ☐ Addition
NAME	BROWN, RORY A.	32 NAME		
STREET ADDRESS	515 NORTH FLAGLER DRIVE, PAVILION 4TH FL	33 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP		
TITLE	MDDS	41 TITLE		☐ Change ☐ Addition
NAME	ERBEY, JOHN R.	42 NAME		
STREET ADDRESS	515 NORTH FLAGLER DR., PAVILION, 4TH FLOOR	43 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP		
TITLE	SVCF	51 TITLE	MD/CF	☒ Change ☐ Addition
NAME	REICH, CHRISTINE A.	52 NAME		
STREET ADDRESS	515 NORTH FLAGLER DR., PAVILION, 4TH FLOOR	53 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	54 CITY-ST-ZIP		
TITLE	SVT	61 TITLE	SV/AS	☒ Change ☐ Addition
NAME	TAYLOR, MARK B.	62 NAME	WILHOIT, STEPHEN C.	
STREET ADDRESS	515 NORTH FLAGLER DR., PAVILION, 4TH FLOOR	63 STREET ADDRESS	515 NORTH FLAGLER DR., PAVILION, 4TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL	64 CITY-ST-ZIP	WEST PALM BEACH FL	

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: Steven C. Wilhoit 3-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0242261 CP