

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M15227 (5)

1. Corporation Name

AVALON VACATION WEEKS, INC.

Principal Place of Business

THE FORUM, STE. 1002  
1675 PALM BEACH LAKES BLVD.  
WEST PALM BEACH, FL 33401

Mailing Address

3. Date Incorporated or Qualified  
05/10/1985

3a. Date of Last Report  
3/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2553955

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN R. ERBEY  
THE FORUM, STE. 1002  
1675 PALM BEACH LAKES BLVD.  
WEST PALM BEACH, FL 33401

81 Name

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

Signature typed or printed name of registered agent and then applicable

(Initials) Registered Agent signature required when re-stating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, JOHN T.	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERBEY, WILLIAM C.	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	BROWN, RORY A.	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	MDDS	<input type="checkbox"/> DELETE
NAME	ERBEY, JOHN R.	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	MDCF	<input type="checkbox"/> DELETE
NAME	REICH, CHRISTINE A.	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	SVAS	<input type="checkbox"/> DELETE
NAME	WILHOIT, STEPHEN C.	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000001846050  
-05/31/96--01048--014  
\*\*\*200.00

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)(k), 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:

STEPHEN C. WILHOIT, SR. VICE PRESIDENT/ASST. SEC

Date

Daytime Phone

CR2E034 (12/95)