FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90447 025 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005254

10077876

1. Entity Name
THE HOLIDAY CLUB COOPERATIVE ASSOCIATION I, INC.

Principal Place of Business	Mailing Address
4901 VINELAND RD STE 320 ORLANDO, FL 32811	4901 VINELAND RD STE 320 ORLANDO, FL 32811

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2158 Wintermere Pointe Dr.	2158 Wintermere Pt.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden	City & State: Winter Garden
Zip: FL 34787 Country: USA	Zip: FL 34787 Country: USA

4. FEI Number: 59-3733276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THC DEVELOPMENT INTERNATIONAL, LLC 4901 VINELAND RD STE 320 ORLANDO, FL 32811	Name Street Address (P.O. Box Number is Not Acceptable): 2158 Wintermere Pointe Dr. City: Winter Garden FL Zip Code: 34787

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: BARRY J. GAZZARO. DATE: APR. 16, 2003
Signature, typed or printed name of individual & title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD GAZZARO, BARRY J 2158 WINTERMERE POINTE DR WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BEEKMAN, JACOB 106 UVONGA FALLS UVONGA, KWA ZULA NATAL,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEEKMAN, ABRAHAM 26 EAGLE RD KWA-ZULA NATAL 4235,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: BARRY J. GAZZARO APR. 16, 2003 407-905-9637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #