## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N02000005742



Apr 11, 2006 8:00 am Secretary of State

**FILED** 

HARBOURVIEW VILLAS AT SOUTH SEAS RESORT CONDOMINIUM ASSOCIATION, INC.							04-11-2006 90	0115 036	5 ****61.25	5
Principal Plac SOUTH SEAS CAPTIVA, FL		SOUT	g Address H SEAS RESORT IVA, FL 33924							
	D (D)	1 2 54.5								
2. Principal Place of Business		I .	3. Mailing Address 1509 Periwinkle Way				NAIN 16011 BŞIH DOKI DO	<b>    </b>	LIKI I <b>JU</b> KI <b>Bibib</b> ki	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-NP	CR2E0	37 (11/05)	
City & State		City & State Sanibel, FL			, ,	4. FEI Numbe 06-1683			<del></del>	oplied For ot Applicable
Zip	Country	Zip	33957	Cou	untry USA	5. Certificate	of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Currer	nt Registere	d Agent		I	7. Name and	Address of New I	Registered	Agent	
LIII TON C	PRAND MACATIONS COMBA	NV IIC			Name					
HILTON GRAND VACATIONS COMPANY, LLC 6355 METRO WEST BLVD					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 180 ORLANDO, FL 32835										
					City			FL	Zip Cod	e
	e named entity submits this statement tions of registered agent.	for the purp	ose of changing its r	registere	ed office or re	egistered agent, or both	n, in the State of Fl	lorida. I am	familiar with,	and accept
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SIGNATURE .	Signature, typed or printed name of registered age	ent and title if app	licable. (NOTE:	: Registered	d Agent signature i	required when reinstating)		OATE		
SIGNATURE .		ent and title if app	licable. (NOTE:				- N		k payable t	 o
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if app		paign F	inancing	\$5.00 May Bo	7	Make chec	k payable to	
SIGNATURE	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND 5		9. Election Cam	paign F	inancing	\$5.00 May Be Added to Fees	7	/lake chec rida Depa	rtment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 4

NAME STREET ADDRESS

CITY-ST-ZIP