

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011665

FILED
Jan 11, 2008
Secretary of State

Entity Name: RL VACATION OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5323 MILLENIA LAKES BLVD.
SUITE 400
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

5323 MILLENIA LAKES BLVD.
SUITE 400
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 20-5956909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SLOAN, REBECCA
5323 MILLENIA LAKES BLVD.
SUITE 400
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: K. ROBERT KREIGER,
Address: 5323 MILLENIA LAKES BLVD., #400
City-St-Zip: ORLANDO, FL 32839

Title: VD () Delete
Name: PIATT, RANDY
Address: 5323 MILLENIA LAKES BLVD., #400
City-St-Zip: ORLANDO, FL 32839

Title: SD () Delete
Name: NEU, MARC A
Address: 5323 MILLENIA LAKES BLVD., #400
City-St-Zip: ORLANDO, FL 32839

Title: TD () Delete
Name: MILLER, PHIL A
Address: 5323 MILLENIA LAKES BLVD., #400
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: KIRK, LARRY
Address: 5323 MILLENIA LAKES BLVD., #400
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC NEU

SD

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date