


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N23720</b> 1. Entity Name RESORT SIXTY-SIX OWNERS ASSOCIATION, INC.	
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Principal Place of Business 6600 GULF DR HOLMES BEACH, FL 34217 US	Mailing Address BLUEGREEN RESORT MANAGEMENT 4960 CONFERENCE WAY N SUITE 100 BOCA RATON, FL 33431 US
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03272008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2134377	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DINE, MARY ANN 505 YORKSHIRE BLVD SYRACUSE, NY 13219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUENTHER, DAVID 24 WILDWOOD LANE ORCHARD PARK, NY 14127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, TERRY 4960 BLUE LAKE DRIVE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALISH, ALLAN 1606 68TH ST W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, BETTY 3500 CONQUISTADOR PKWY APT 313 BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date 561-912-8129 Daytime Phone #