FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

ACCEPTED AND FILED

[illegible] -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35559** **(6)**

1. Corporation Name

SAN REMO VACATIONS CLUB, INC.

Principal Place of Business	Mailing Address
% PETER DE JONG 472 FIRST ST. W TIERRA VERDE FL 33715-1707	C/O JACQUES DE BRUIN 472 1ST W TIERRA VERDE FL 33715-1701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3077203	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRUIJN DE BRUIJM JACQUES 472 FIRST ST. W. TIERRA VERDE FL 33715	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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☑ Change ☐ Addition
12 NAME	SCHMIDT JEAN MARIE	12 NAME	Schmit SCHMIT JEAN MARIE (CHANGE)
13 STREET ADDRESS	C/O 472 FIRST STR W.	13 STREET ADDRESS	LIVES ON BOAT OUT SIDE US (ADDition)
14 CITY ST ZIP	TIERRA VERDE FL MA	14 CITY ST ZIP	MA
21 TITLE	PDTS	21 TITLE	☑ Change ☐ Addition
22 NAME	VAN PUTTE, ANTOINETTE	22 NAME	D
23 STREET ADDRESS	472 FIRST ST. W.	23 STREET ADDRESS	
24 CITY ST ZIP	TIERRA VERDA FL	24 CITY ST ZIP	
31 TITLE	PDT	31 TITLE	☑ Change ☐ Addition
32 NAME	DE BRUY, JACQUES	32 NAME	PTS DE BRUIJN
33 STREET ADDRESS	472 FIRST ST. W.	33 STREET ADDRESS	
34 CITY ST ZIP	TIERRA VERDE FL	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on this 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ANTOINETTE VAN PUTTE 1/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0056434