FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1997	Secretary DIVISION OF CO	of State	Secreta	ry of State
DOCUI 1. Corporation	MENT # N3555	9 (6)			
SAN RI	EMO VACATIONS CLUB, IN	IC.			
Principal Place of Business Mailing Address				104111481 800 11101 81101 81101 81100 1	II OITH OIDH BION DIOTE FITH DION 1800
% PETER DE JONG 472 FIRST ST. W. TIERRA VERDE FL 33715-1707		C/O JACOUES DE BRUIN 472 1ST W TIERRA VERDE FL 39715-1707 US		Date Incorporated or Qualified	3a. Date of Last Report
				12/08/1989	05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3077203	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State	θ	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip .	Country	Zip	Country	8. This corporation has liability for in	······································
24	25		30	Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name N	10. Name and Address of New Reg	istered Agent
WALLET WADDEN I			- 1 37/	OHM SWISHER	
KNAUST, WARREN J 2730 CENTRAL AVE.			82 Street Addr	ress (P.O. Box Number is Not Acceptable FIRST AVE 7	e)
	ERSBURG FL 33715		83 S		
			0.4	PETERS BURG	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508. Florida Statutes	s, the above-riamed corp	poration submits this statement for the pr	
office or ragent. I a	agistered agent or both, in the State m familiar with and accept the oblig	of Florida. Such change was au ations of, Section 617.0503, Flori	thorized by the corporation of t	poration submits this statement for the pricion's board of directors. I hereby accep	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NOTE:	Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD7S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	DE BRUIJN, JACQUES 472 FIRST ST. W.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		1.4 City-St-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	WILL, PAY		2.2 NAME		
STREET ADDRESS	472 1ST ST W		23 STREET ADDRESS		
CITY-ST-ZIP TITLE	TIERRA VERDE FL D	☐ DELETE	2. 4 C(TY - ST - Z(P) 3.1 T(TLE)		Change Addition
NAME	MARIO, BOOM		3.2 NAME		
STREET ADDRESS	472 1ST ST W		3.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		3.4. CITY-ST-ZIP		
TITLE	DVP	☐ DELETÉ	4.1 TITLE		Change Addition
NAME Street address	DE BRUIJN, JOEP 472 1ST ST W		4. 2 NAME 4.3 STREET ADDRESS		
DITY-ST-ZIP	TIERRA VERDE FL 33715		4.4 CITY-ST-ZIP		
TITLE	110111111111111111111111111111111111111	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	5.4 CITY - ST - ZIP	-	Change Address
TITLE	,	☐ DELETÉ	6.1 TITL€ 6.2 NAME		Change Addition
NAME STREET ADDRESS	<u>.</u> 		6.3 STREET ADDRESS		
CITY ST. 710			6.4 CITY OF 7/D		

14. 1do 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 annual 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.

FILED

Apr 23 1997 8:00am