FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N35559**

1. Corporation Name

SAN REMO VACATIONS CLUB, INC.

Principal Place of Business % PETER DE JONG

472 FIRST ST. W.

Mailing Address

LO.F.F.I.H.

472 1ST ST W

Sep 17, 1999 8:00 am Secretary of State

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TIERRA VERDE FL 33715-1707 TIERRA VERDE FL 33715 US) 1051((3(005))((3(0116) 9))() divid 10)) divid 10)) divid 10)			
		10-14-19			Date Incorporated or Qualifed			
2. Principal Place of Business 2a Mailing Address 2b 18320 Gulf Blvd 2c 18320 Gulf			P. Blud.		12/08/1989	•		
21 18,500 Co H B Va 26 18,500 (70 1					4. FEI Number	Appl	lied For	
22 Office - 27 Office					59-3077203	Not	Applicable	
City & State City & State			ones, FL		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
Zip 24 3370	Country	zip 33708 30	Country	SA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81	Name				
SWISHER, JOHN				82 Street Address (P.O. Box Number is Not Acceptable)				
669 FIRST AVE N								
ST. PETERSBURG FL 33701			-	075		85 Zip Co		
			84	City	FL			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND I	Change	Addition	
TITLE	D	☐ DELETE	1.1 TITLE	ł	President P R. Antonio Suescum III] Change	* College	
NAME	LEONARD, JOHN	·	1.2 NAME		669 1st Ave North			
STREET ADORESS	669 1ST AVE N				St. Petersburg, FL 33701			
CITY-ST-ZIP	ST. PETERSBURG FL 33701	► ZØELETE	1.4 CITY-S 2.1 TITLE	-] Change	Addition	
TITLE	D BOON MADIO	D. OCCEPTE	2.2 NAME	}	BARRY Smith BGG 1st Ave North		_,	
NAME	BOON, MARIO 669 1ST AVE N	HI/A NO		ADDRESS	669 ist Ave North			
STREET ADDRESS	ST. PETERSBURG FL 33701		2.4 CITY-S		St. Perepsburg, FL 33701]	
CITY-ST-ZIP	D.	☐ DELETE	3.1 TITLE	1		Change	Addition	
NAME	· · ·		3.2 NAME					
STREET ADDRESS	669 1ST AVE N		3.3 STREET ADDRESS				.,	
CITY-ST-ZIP	ST. PETERSBURG FL 33701		3.4. CITY-S	T-ZIP				
TITLE	P	DEDELETE 4] Change	☐ Addition {	
NAME	TANBURO, TONI	:	4, 2 NAME					
STREET ADDRESS	669 1ST AVE N	ч	4.3 STREE	FADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33701		4.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	5.1 TITLE		, L	Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	- 1			[
CITY-ST-ZIP		□ acter	5.4 CITY-S 6.1 TITLE	I-ZIP		Change	Addition	
TITLE		☐ DELETE	6.2 NAME		L	7 MIGHA		
NAME				. ADDOECO				
STREET ADDRESS			6.3 STREE				ļ	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

I 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 of 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 appears so, with all other like empowered.

SIGNATURE: