

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35559

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: SAN REMO VACATIONS CLUB, INC.

## Current Principal Place of Business:

18320 GULF BLVD  
607  
REDINGTON SHORES, FL 33708 US

## Current Mailing Address:

PMB 263 13799 PARK BLVD. N.  
SEMINOLE, FL 33776 US

## New Principal Place of Business:

18320 GULF BLVD  
503  
REDINGTON SHORES, FL 33708 US

## New Mailing Address:

FEI Number: 59-3077203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWISHER, JOHN  
669 FIRST AVE N  
ST. PETERSBURG, FL 33701 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: SUESCUM, ANTONIO  
Address: PMB 263 13799 PARK BLVD. N.  
City-St-Zip: SEMINOLE, FL 33776 US

Title: VD ( ) Delete  
Name: LORENCE, GREGORY  
Address: PMB 263 13799 PARK BLVD. N.  
City-St-Zip: SEMINOLE, FL 33776 US

Title: TD ( ) Delete  
Name: KOSTER, ANNE MARIE  
Address: PMB 263 13799 PARK BLVD. N.  
City-St-Zip: SEMINOLE, FL 33776 US

Title: S ( ) Delete  
Name: DE BRUIJN, JACQUES  
Address: PMB 263 13799 PARK BLVD. N.  
City-St-Zip: SEMINOLE, FL 33776 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: DE BRUIJN, BART  
Address: PMB 263 13799 PARK BLVD. N.  
City-St-Zip: SEMINOLE, FL 33776 US

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 for the exemption stated in Section 119.07(3)(i), 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: BART DE BRUIJN

VD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date