## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300003317 (5)

**RDI VACATION CLUB. INC.** 

LILED						
Feb 26 1998 8:00am						
Secretary of State						

941-936-5800

EII ED

TIDI TA	TOATION OLODI IIIO						
Principal Place	e of Business	Mailing Address	Mailing Address			-  \$ \$BURKIR BIO IRIBO KINK DRIN DRIN BONI BONI BUND NIDO NIDO NIDO NEGO LEGI LEGI	
12995 CLEVELA STE 164	AND AVE	12995 CLEVELAND AVE STE 164				3. Date Incorporated or Qualified	
FT MYERS FL	33907	FT MYERS FL 33907				07/19/1993 4. FEI Number Applied For	
						65-0462831 Not Applicable	
_ `	lace of Business	2a. Mailing Address	· ·			5. Certificate of Status Desired XX \$8.75 Additional	
Sulte, Apt. :	# etc	Suite, Apt. #, etc.				Fee Required	
22	π, θιο.	27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees	
City & State	8	City & State	<u> </u>			7. Is this nonprofit corporation a homeowners association?	
23		28				Yes No	
Zip	Country 25	Zip 29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	9. Name and Address of Curre		1901	<del></del>		10. Name and Address of New Registered Agent	
<del></del>				B1	Name		
	ANDY L.		1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	CLEVELAND AVE. #164		Ľ				
STE 164			ا	83			
ti. Mic	ER\$ FL 33907		e	B4	City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	ites, the abo	 .evc	-named corpo	oration submits this statement for the purpose of changing its registered	
office or re	agistered agent, or both, in the State in familiar with, and accept the oblin	e of Florida, Such change was dations of, Section 617.0503, F	authorized lorida Statu	by tes.	the corporation	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE _	11 Million and I make manager and and	junote of contract	Oliva Diacon		•		
	Signature, typed or printed name of registered ag			Ageni	t signature required		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD Keim, randy L.	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS	12995 CLEVELAND AVE #18	RA	1.2 NAM		ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	<i>n</i>	1.4 CITY				
TITLE	VD	DELETE	2.1 TITLE	_	-211	Change Addition	
NAME	BIDGOOD, DAVID		2.2 NAM	1E	ĺ		
STREET ADDRESS	12995 CLEVELAND AVE #16	34	2.3 STRF	EET A	ADDRESS	\$4 . <b>\tau_1</b>	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY		T - ZIP		
TITLE	STD DODD TEDDY	☐ DEL <b>E</b> TE	3.1 TITLE			Change Addition	
NAME	DODD, TERRY	A4	3.2 NAM				
STREET ADDRESS	12995 CLEVELAND AVE. #10 FT. MYERS FL	64			ADDRESS		
CITY-ST-ZIP TITLE			3.4. CITY 4.1 TITLE	_	(-ZIP	☐ Change ☐ Addition	
NAME			4. 2 NAM		-		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITLE	_		☐ Change ☐ Addition	
NAME			5.2 NAM	łE			
STREET ADDRESS			5.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP	<del></del>	- Florier	5.4 CITY-S		-ZIP	100	
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE		1		
14. I hereby ce	ertify that the information supplied y	with this filing does not qualify f	6.4 CITY for the exem	nptio	ion stated in S	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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.							