

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

DOCUMENT # N93000005818 (0)

1. Corporation Name

LANSING RIDGE II HOMEOWNERS ASSOCIATION, INC.

95 MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
1333 GATEWAY DRIVE SUITE 1008 MELBOURNE FL 32901 US		1333 GATEWAY DRIVE SUITE 1008 MELBOURNE FL 32901 US		3. Date Incorporated or Qualified 12/30/1993	3a. Date of Last Report 05/01/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3155046	Applied For Not Applicable
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23	Zip	28	Zip	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**EVANS, HUGH M JR.
1333 GATEWAY DRIVE
SUITE 1008
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, HUGH M JR.	1.2 NAME	
STREET ADDRESS	1333 GATEWAY DRIVE, SUITE 1008	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	SWANDA, LAURIE	2.2 NAME	
STREET ADDRESS	133 GATEWAY DRIVE, SUITE 1008	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	2.4 CITY - ST - ZIP	
TITLE	DY	3.1 TITLE	☐ Change ☐ Addition
NAME	HOWELL, KATHLEEN	3.2 NAME	
STREET ADDRESS	1333 GATEWAY DRIVE, SUITE 1008	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, ARTHUR F III	4.2 NAME	
STREET ADDRESS	1333 GATEWAY DRIVE, SUITE 1008	4.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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.

SIGNATURE:

Kathleen Howell
SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

KATHLEEN HOWELL

4/26/95

407 727-1000

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000001006 (4)

1. Corporation Name

MODERN LIFESTYLE VACATIONS, INC.

Principal Place of Business

3501 W. VINE STREET
SUITE 397
KISSIMMEE FL 34741

Mailing Address

3501 W. VINE STREET
SUITE 397
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1992

3a. Date of Last Report
04/20/1994

2. Principal Place of Business

21. 10736 U.S. Hwy., North

2a. Mailing Address

26. 10736 U.S. Hwy., North

State, Apt. #, etc.

State, Apt. #, etc.

4. FEI Number

59-3161782

Applied For

Not Applicable

22. City & State

23. Davenport, FL

27. City & State

28. Davenport, FL

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.042,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWART, HARRY J

621 N-MAIN-STREET-

SUITE 203

KISSIMMEE FL 34744

11. Name

12. Street Address (P.O. Box Number is Not Acceptable)

717 East Oak Street

13.

14. 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

(Provide typed or printed name of registered agent and fee, if applicable)

(If FEI Registered agent, provide capitalization required when identifying)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

D

NAME

GUELDE, JACQUELINE

STREET ADDRESS

2401 GRANADA BLVD.

CITY, ST, ZIP

KISSIMMEE FL 34746

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I (he) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (74394), 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

Jacqueline Guelde
SIGNATURE AND TYPED OR PRINTED NAME OF GOING-TO-RECORD OFFICER OR DIRECTOR

4-11-95

Date

Signature (Print Name)