

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000001880 (3)**

1. Corporation Name

**FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

**5946 CURRY FORD RD.  
ORLANDO FL 32822**

**5946 CURRY FORD RD.  
ORLANDO FL 32822**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	<b>P. O. Box 720684</b>
22	City & State	27	Suite, Apt. #, etc.
23	Zip	28	<b>Orlando, FL</b>
24	Country	29	<b>32872-0684</b>
25		30	<b>USA</b>

3. Date Incorporated or Qualified <b>04/15/1994</b>	3a. Date of Last Report <b>02/21/1995</b>
4. FEI Number <b>59-3255457</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**A.G.C. CO.  
200 SOUTH ORANGE AVE.  
SUITE 2300  
ORLANDO FL 32801**

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALMER, GAIL</b>	1.2 NAME	
STREET ADDRESS	<b>5946 CURRY FORD RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIN, JIM</b>	2.2 NAME	<b>Craul, Bruce</b>
STREET ADDRESS	<b>506 HWY. 98 EAST</b>	2.3 STREET ADDRESS	<b>P. O. Box 30, 35000 Emerald Coast</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	2.4 CITY-ST-ZIP	<b>Parkway, Destin, FL 32541</b>
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, CANDEE</b>	3.2 NAME	<b>Brooks, Candee Jones</b>
STREET ADDRESS	<b>9521 S. ORANGE BLOSSOM TR., SUITE 118</b>	3.3 STREET ADDRESS	<b>9521 S. Orange Blossom Tr.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL. 32837</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOODY, GENE</b>	4.2 NAME	
STREET ADDRESS	<b>701 CAROLINE ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMOS, LINDA</b>	5.2 NAME	<b>Howie, R. Brenton</b>
STREET ADDRESS	<b>5730 MIDNIGHT PASS RD.</b>	5.3 STREET ADDRESS	<b>1700 McMullen Booth Rd., B-5</b>
CITY-ST-ZIP	<b>SIESTA KEY FL 33040</b>	5.4 CITY-ST-ZIP	<b>Clearwater, FL 34619</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, AL</b>	6.2 NAME	
STREET ADDRESS	<b>P.O. BOX 5 (N/A)</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANIBEL ISLAND FL 33957</b>	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

Date

407-240-0634

Daytime Phone #

CR2E037 (12/95)