## 2007 NOT-FOR-PROFIT CORPORÁTION ANNUAL REPORT

## DOCUMENT # N9400001880

1. Entity Name FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, INC.



FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90216 032 \*\*\*\*61.25

Suite, Apl. #, etc.  City & State  Country  Country  S. Certificate of Status Desired  S. S. Certificate of Status	pplied For of Applicable ditional
City & State  State Included of State Desired  State Included of State Desired  State Included of State Included Incl	ot Applicable
Signature   Sign	ot Applicable
6. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  8. Given the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16	
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Street Address (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with a obligations of registered agent.  SIGNATURE    Signature, yoped or printed nome of registered agent and 188 # appaciable.   (NOTE-Registered Agent synthus required when nenstratery)   DATE	
THE OBIGINATURE    Signature, speed or critical name of registered agent and site # applicable.   (NOTE: Registered Agent signature registered)   DATE	je
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the indicated on this report or supplemental report is five and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  Barbara F. Beatty  SIGNATURE SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNING OFFICER OF DISSECTOR  Days The English of the corporation of the corpor	Addition Addition