2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9400001880

1. Entity Name FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, INC. FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90070 005 ****61.25



	e of Business MONTE DR., STE 101 SPRINGS, FL 32714		laifing Address 222 S WESTMONTE DR., STE 101 ALTAMONTE SPRINGS, FL 32714			50001172				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	illing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03112008	hg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-32554	 57			plied For	
Zip	Country	Zip	Zip Cou		5. Certificate of St		Status Desired	_ \$9.75 Additional		ditional
	6. Name and Address of Curren	Registered Agent				7. Name and Address of New Registered Agent				
222 S WE	BARBARA F . STMONTE DR., STE 101 ITE SPRINGS, FL 32714		Street Address			P.O. Box Number is	Not Acceptable	9)		
				City				FL	Zip Cod	e
	named entity submits this statement fions of registered agent.	or the purpose of changing it	s registere	ed office o	r register	ed agent, or both, i	n the State of Fk		amillar with,	and accept
	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent signal	ure required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contrib					Ω	\$5.00 May Be Added to Fees	100000000000000000000000000000000000000	lake check Ida Departi		
10.	OFFICERS AND D	RECTORS	11.		Α	ADDITIONS/CHANG	SES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELORME, JOHN 2901 SW 26TH STREET CAPE CORAL, FL 33914	☐ Detete			1395 P	, Hilary anther Lane Sto 5 FL 34109	e 200		⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, PAUL 1107 TRUMAN AVE KEY WEST, FL 33040	□ Delete						***	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ACKERMAN, ROBERT 410 43RD ST. W. STE J BRADENTON, FL 34209	☐ Delete ~~	- 4					-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTY, BARBARA F 222 S WESTMONTE DR., STE ALTAMONTE SPRINGS, FL 32								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition Addition
12. I hereby of	certify that the information supplied wit on this report or supplemental report	h this filing does not qualify f	or the exe	mptions c	ontained have the s	in Chapter 119, Flo	orida Statutes. I	further certifoath: that I ar	y that the in	nformation or director

of the corporation or the receiver or trustee empowered to execute this reparts as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Barbara F. Beatty Cubacut SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEA

407-774-7880