

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000005956

1. Entity Name
VACATION WAY RECREATION ASSOCIATION, INC.



Principal Place of Business
6649 WESTWOOD BLVD., NO. 500
ORLANDO, FL 32821

Mailing Address
C/O RESORT OPERATIONS
6649 WESTWOOD BLVD
ORLANDO, FL 32821

DO NOT WRITE IN THIS SPACE

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90190 009 ****61.25

60036018



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3317730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCMILLAN, LAURA DR
STREET ADDRESS 2936 HERON RIDGE DR
CITY-ST-ZIP VIRGINIA BEACH, VA 23464

TITLE VP
NAME Knox, Jacques
STREET ADDRESS 10114 Century Dr.
CITY-ST-ZIP Ellicott City, MD 21042

TITLE SD T
NAME ADAMS, ROBERT
STREET ADDRESS 8 OTTER LANE
CITY-ST-ZIP EGG HARBOR TOWNSHIP, NJ 08234

TITLE S
NAME Cordero, T J
STREET ADDRESS 1110-115 71 Road #4H
CITY-ST-ZIP Forrest Hills, NY 11375

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Smith, Deonnie
STREET ADDRESS 6 Melrose Court
CITY-ST-ZIP Greenbelt, MD 20770

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40720081018
Daytime Phone #