

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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

60036018



04072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3317730

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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	Kellicott City, MO 21042
TITLE	SD T
NAME	ADAMS, ROBERT
STREET ADDRESS	8 OTTER LANE
CITY-ST-ZIP	EGG HARBOR TOWNSHIP, NJ 08234
TITLE	T
NAME	Cordenag TJ
STREET ADDRESS	1110-15 71 Road #4H
CITY-ST-ZIP	Forest Hills NY 11375
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D
NAME	Smith, Jennie
STREET ADDRESS	6 Pinecrest Court
CITY-ST-ZIP	Greenbelt, MD 20770

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

[Signature] 4/16/08

407-200-1428