2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCLIMENT # NOGOOOOO



FILED Jun 08, 2006 8:00 am Secretary of State

1. Entity Name	RE RESORT OWNERS		ON, INC.					06-08-20	_			
Principal Place 2601 PALM-/ POMPANO BE		260 1 I	Address PALM-AIRE DR N NNO BCH, FL 33		us							
2. Principal Pi	face of Business	3. Mailin	g Address		. .							
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.				05022006	Chg-NP	CF	72E0	37 (4/06)	
City & State	9	City	& State				4. FEI Numb					oplied For
Zip	Country	Zip	<u>,</u>	Cou	intry		5. Certificati	e of Status Desir	ed 🗗	- !	\$8.75 Add	(ational
	6. Name and Address of Co	urrent Registered	Agent	1			7. Name an	d Address of N	ow Registe	red A	gent	
					Name		•				<u> </u>	
100 WEST	CYPRESS CREEK ROA	ND (D)	IN, PA		Street Ade	kdress (F	P.O. Box Numb	per is Not Accep	stable)			
	ENTRE SOUTH, SUITE 7(IDERDALE, FL 33309											
					City					FL	Zip Cod	e
	named entity submits this staten									<u></u>	amiliar ueth	and accept
the obligation	ions of registered agent. Signature, typed or privided name of registers	ed agent and bile 4 applic	- (NEO)									
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; D:	Filing Fee is \$61.25 ue by September 6, 200	16	9. Election Ca Trust Fund	ımpaign f	nancing		\$5.00 May Added to Fee		Make c	heck	payable t	
D	ue by September 6, 200	<u></u>	9. Election Ca	mpaign F Contribut	nancing	0	\$5.00 May Added to Fee	s	Make o Florida D	heck epart	ment of S	tate
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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 attact field with an address, with all other like empowered.

SIGNATURE:

HOG

954-784-4102

1	ATTACHMENT 40095075
ý	CENDANT Timeshare Resort Group O04-604-000/4/3/ Check Request Form
	Date 5 4 06 Vendor# 649
	SHIPPED MAY 1 0 2006
	Issue Check Payable to: Florida Department of State
	Payee's Address: Divisions of Corporations
	PO BOX 1500, Tallahassee, FL 32302-1500
	Amount of Check: 70.00
	Description to Appear on Check: 2006 Not-for-Profit Annual Report

Account Number	Amount	Requested by:
4-025 011 -62040	70.00	David Bremer
		Approved by: