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Jun 01 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003109 (3)

1. Corporation Name

COLONY PLAZA RESORT, VACATION OWNERSHIP ASSOCIATION, INC.



Principal Place of Business

Mailing Address

307 S 21ST AVENUE  
HOLLYWOOD FL 33020

307 S 21ST AVENUE  
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

06/11/1996

4. FEI Number

APPLIED FOR 59-3447407

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAUGHAN, KATHRYN  
400 S ATLANTIC AVE  
SUITE 112  
ORMOND BEACH FL 32176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME PD  
STREET ADDRESS HIRSCH, HERB  
CITY-ST-ZIP 307 S 21ST AVENUE  
HOLLYWOOD FL 33020

TITLE  
NAME VD  
STREET ADDRESS KANDEL, MARTIN  
CITY-ST-ZIP 21 RIVER RIDGE TRAIL  
ORMOND BEACH FL 32174

TITLE  
NAME SD  
STREET ADDRESS SCHLOSSBERG, STEVE  
CITY-ST-ZIP 0 WATERBERRY DR  
ORMOND BEACH FL 32174

TITLE  
NAME T  
STREET ADDRESS BIRDMAN, LOUIS  
CITY-ST-ZIP 307 S 21ST AVE  
HOLLYWOOD FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

(Herb Hirsch)

4/27/98

004-42127935

CR2E037 (10/97)