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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

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1. Corporation Name

RVS-ORLANDO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4310 PARADISE ROAD  
LAS VEGAS NV 89109

4310 PARADISE ROAD  
LAS VEGAS NV 89109



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

3. Date Incorporated or Qualified

12/02/1996

4. FEI Number

86-0855260

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME CONTE, FREDERICK H  
STREET ADDRESS 4310 PARADISE ROAD  
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE TD ☒ DELETE

NAME HIRSCH, HERBERT  
STREET ADDRESS 4310 PARADISE ROAD  
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE SD ☒ DELETE

NAME MAYERSON, DON A  
STREET ADDRESS 4310 PARADISE ROAD  
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME McMURTRIE, GREGG A  
1.3 STREET ADDRESS 4310 PARADISE ROAD  
1.4 CITY-ST-ZIP LAS VEGAS NV 89109

2.1 TITLE TD ☐ Change ☒ Addition

2.2 NAME BALTUSKONIS, CHARLES G  
2.3 STREET ADDRESS 4310 PARADISE ROAD  
2.4 CITY-ST-ZIP LAS VEGAS NV 89109

3.1 TITLE VPSD ☐ Change ☒ Addition

3.2 NAME McELROY, VICTOR A  
3.3 STREET ADDRESS 4310 PARADISE ROAD  
3.4 CITY-ST-ZIP LAS VEGAS NV 89109

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

(702) 737-3700

Daytime Phone #

CR25037 (11/98)