

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -6 PM 5:35

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000006065

1. Entity Name
RVS-ORLANDO CONDOMINIUM ASSOCIATION, INC.



55033131

Principal Place of Business
4310 PARADISE ROAD
LAS VEGAS, NV 89109

Mailing Address
4310 PARADISE ROAD
LAS VEGAS, NV 89109

REINSTATEMENT

2. Principal Place of Business
2280 N. Corporate Cir.

3. Mailing Address
2280 N. Corporate Cir.

Suite, Apt. #, etc.
#100

Suite, Apt. #, etc.
#100

City & State
Henderson, NV

City & State
Henderson, NV



XX CHECK HERE IF MAKING CHANGES

Zip
89074

Country
USA

Zip
89074

Country
USA

4. FEI Number
86-0855260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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 date if applicable.

(NOTE: Registered Agent Signature must be in ink when witnessed)

DATE

FILE NOW, FEE IS \$31.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME STEENMAN, DIANE
STREET ADDRESS 4310 PARADISE ROAD
CITY-ST-ZIP LAS VEGAS, NV 89109 ☒ Delete

TITLE President/Director
NAME Faherty, Leo
STREET ADDRESS 2642 Shannon Street
CITY-ST-ZIP Orange Park, Florida 32065 ☒ Change ☐ Addition

TITLE VPTD
NAME FAHERTY, LEO
STREET ADDRESS 2642 SHANNON ST
CITY-ST-ZIP ORANGE PARK, FL 32065 ☒ Delete

TITLE VP/Secretary/Director
NAME McElroy, Victor
STREET ADDRESS 2280 N. Corporate Circle Drive
CITY-ST-ZIP Henderson, Nevada 89074 ☒ Change ☐ Addition

TITLE VPSD
NAME MCELROY, VICTOR A
STREET ADDRESS 4310 PARADISE ROAD
CITY-ST-ZIP LAS VEGAS, NV 89109 ☒ Delete

TITLE VP/Treasurer/Director
NAME Diane Steenman
STREET ADDRESS 1645 Village center Circle #200
CITY-ST-ZIP Las Vegas, Nevada 89134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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 the empowered.

SIGNATURE: Diane Steenman 4/24/03 702-992-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

One

Original Page 1

Don Bailey

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N96000006065

1. Corporation Name

RVS_ORLANDO CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

2280 CORPORATE CIRCLE

Suite, Apt. #, etc.

City & State

HENDERSON, NV

Zip

89074

Country

USA

3. Mailing Office Address

2280 CORPORATE CIRCLE

Suite, Apt. #, etc.

City & State

HENDERSON, NV

Zip

89074

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/02/96

5. FEI Number

86-0855260

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION, FL

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALBERT MALOOF	16322 N W 15TH STREET	PEMBROKE PINES, FL 33028
P	LEO FAHERTY	2642 SHANNON ST	ORANGE PARK, FL 32065
S	VICTOR MCELROY	2280 CORPORATE CIRCLE	HENDERSON, NV 89074

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

September 12, 2003

Ms. Pat Bailey
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Ms. Bailey:

Thank you for the information you gave me during our phone conversation today. As you advised, I am writing this letter to request the waiver of the \$175.00 reinstatement fees for: RVS-Orlando Condominium Association, RVS-Orlando II Condominium Association, and Aloha Bay Condominium Association.

As we discussed, each of these entities is under our management. The maintenance fees collected from the owners of these Associations were turned over to us to use in paying their bills. However, our company, Leisure Industries and 9 of its subsidiaries declared bankruptcy. Although an NSF check was tendered on behalf of the three associations named above, it was tendered by us, not by them. It would be an injustice to penalize them for our financial hardship situation. Under the circumstances, it would be very much appreciated if the reinstatement fee could be waived for these three entities.

In accordance with our conversation, I am enclosing three checks for \$76.25. Although you stated the Corporation Reinstatement documents were not necessary, I thought perhaps they might be of some value in that they contain the Document Numbers. If they don't assist you in any way, please either return them or dispose of them.

Thanks again for your help.

Sincerely,

Marcia L. Parmeley

Marcia L. Parmeley, MBA
Senior Tax Accountant