

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006262

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** ORLANDO VACATION SUITES II CONDOMINIUM ASSOCATION, INC.

**Current Principal Place of Business:**

6924 GRAND VACATIONS WAY  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

5323 MILLENIA LAKES BLVD., STE. 400  
ATTN: LEGAL DEPT  
ORLANDO, FL 32839

**New Mailing Address:**

**FEI Number:** 59-3415619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILTON GRAND VACATIONS COMPANY, LLC  
5323 MILLENIA LAKES BLVD.  
SUITE 400  
ORLANDO, FL 32839 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: PENN, KENNETH  
Address: 616 MULFORD ROAD  
City-St-Zip: WYNCOTE, PA 19095

Title: STD ( ) Delete  
Name: KREIGER, KIM  
Address: 5323 MILLENIA LAKES BLVD., STE 400  
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete  
Name: MCDONALD, KATHERINE  
Address: 4135 WELCOME ALL TERRACE  
City-St-Zip: ATLANTA, GA 30349

Title: PD ( ) Delete  
Name: BECK, PRESTON  
Address: 4000 WINDOVER WAY  
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete  
Name: NEU, MARC  
Address: 5323 MILLENIA LAKES BLVD., STE. 400  
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete  
Name: GOODHUE, NEIL  
Address: 300 HILLSIDE AVENUE  
City-St-Zip: PEIDMONT, CA 94611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC A. NEU

D

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date