

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001039

FILED
Jan 16, 2009
Secretary of State

Entity Name: SOUTH BEACH VACATION SUITES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5323 MILLENIA LAKES BLVD., #400
ORLANDO, FL 32839

New Principal Place of Business:

1430 OCEAN DRIVE
MIAMI BEACH, FL 33139

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3437132 **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: STD () Delete
Name: KREIGER, KIM R
Address: 5323 MILLENIA LAKES BOULEVARD #400
City-St-Zip: ORLANDO, FL 32839

Title: VPD () Delete
Name: JOANN, KIDD
Address: 80 EAST GATE PLACE
City-St-Zip: SEQUIM, WA 98382

Title: PD () Delete
Name: BELCHETZ, GEOFFREY
Address: 5323 MILLENIA LAKES BLVD., STE. 400
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: MOON, STUART
Address: 8717 17TH AVENUE NORTHWEST
City-St-Zip: BRADENTON, FL 34209

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

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:

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: KIM R KREIGER

STD

01/16/2009

Electronic Signature of Signing Officer or Director

Date