

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002147

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** VIRGINIA BEACH RESORT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

335 - 355 VIRGINIA ST  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**Current Mailing Address:**

PO BOX 223654  
HOLLYWOOD, FL 33022

**New Mailing Address:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**FEI Number:** 65-0915119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLAZER, ERIC M  
3113 STIRLING RD  
2ND FLOOR  
HOLLYWOOD, FL 33312 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: PD  
Name: KELLY, VALERIE  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: VP  
Name: DIBARI, JOHN  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: SDTD  
Name: SCARVANI, ED  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: LEE CORT, PROPERTY MANAGER

LCAM

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date