

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000037478**

1. Entity Name

WYNHAM PALMS RESORT MANAGEMENT, INC.**FILED**
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90010 014 ***550.00

0102648 AV

Principal Place of Business

**11210 CRESCENT BAY BLVD
CLERMONT FL 34711**

Mailing Address

**11210 CRESCENT BAY BLVD
CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16554 CROSSINGS BLVD

3. Mailing Address

505 AVENUE A, NWSuite, Apt. #, etc.
APT 103

Suite, Apt. #, etc.

SUITE 102

City & State

CLERMONT, FL

City & State

WINTER HAVEN, FL 33881

4. FEI Number

74-2968503

Applied For

Not Applicable

Zip

34711

Country

US

Zip

33881

Country

US5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JORDAN, EDWARD P II
13543 E HWY 50
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

GOVONI, BRIAN

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

505 AVENUE A, NW SUITE 102

City

WINTER HAVEN

FL

Zip Code

33881

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
BOUCHARD, GUY
11210 CRESCENT BAY BLVD
CLERMONT FL 34711**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
BOUCHARD, ROBYN
11210 CRESCENT BAY BLVD
CLERMONT FL 34711**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**9/17/01 (352)241-8727**
Date Daytime Phone #

CR2E034 (5/01)