

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90010 014 ***550.00

0102648 AV

DOCUMENT # P00000037478

1. Entity Name

WYNDHAM PALMS RESORT MANAGEMENT, INC.

Principal Place of Business

**11210 CRESCENT BAY BLVD
 CLERMONT FL 34711**

Mailing Address

**11210 CRESCENT BAY BLVD
 CLERMONT FL 34711**

2. Principal Place of Business

16554 CROSSINGS BLVD

Suite, Apt. #, etc.
APT 103

City & State
CLERMONT, FL

Zip
34711

Country
US

3. Mailing Address

505 AVENUE A, NW

Suite, Apt. #, etc.

SUITE 102

City & State

WINTER HAVEN, FL 33881

Zip

33881

Country

US

4. FEI Number

74-2968503

Applied For

Not Applicable

5. 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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/14/01

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**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 BOUCHARD, ROBYN
 11210 CRESCENT BAY BLVD
 CLERMONT FL 34711**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/01 (352)241-8727
 Date Daytime Phone #

CR2E034 (5/01)