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FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90546 035 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000118614

1. Entity Name
FLORIDA VACATION VILLAS CLUB, INC.

Principal Place of Business
2777 POINCIANA BLVD.
KISSIMMEE, FL 34746

Mailing Address
2777 POINCIANA BLVD.
KISSIMMEE, FL 34746

14014866

04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1176609 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DAKU, TOM
2777 POINCIANA BLVD.
KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DAKU, THOMAS
STREET ADDRESS	2777 N. POINCIANA BLVD.
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	VP
NAME	VERKAIK, ROBERT
STREET ADDRESS	2777 N POINCIANA BLVD.
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	ST
NAME	PASQUARRELLO, BRIDGET
STREET ADDRESS	2777 N POINCIANA BLVD.
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BRIDGET PASQUARRELLO Sec/TREAS. 4/29/05 (407) 396-2744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #