


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90413 048 \*\*\*150.00

<b>DOCUMENT # P01000118614</b> 1. Entity Name FLORIDA VACATION VILLAS CLUB, INC.	
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Principal Place of Business 2777 POINCIANA BLVD. KISSIMMEE, FL 34746	Mailing Address 2777 POINCIANA BLVD. KISSIMMEE, FL 34746
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**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1176609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DAKU, TOM 2777 POINCIANA BLVD. KISSIMMEE, FL 34746
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**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bridget Pasquarello 4/25/08 (407) 396-2744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #