

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**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

**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  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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
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 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 #