2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90546 027 ***150.00

DOCUMENT # P02000039507

1. Entity Name
FLORIDA VACATION VILLAS CLUB MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2777 POINCIANA BLVD KISSIMMEE, FL 34746	2777 POINCIANA BLVD KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0632639
☐ 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 N. 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
Signature required for the addition or change of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 34747
TITLE	VP
NAME	VERKAIK, ROBERT
STREET ADDRESS	2777 N. POINCIANA BLVD.
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	ST
NAME	DAKU-PASQUARELLO, 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: Tom Daku Sec/Treas Bridget Pasquarello 4/29/05 (407) 396-2744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #