## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000048844

Title:

Name:

Address:

City-St-Zip:

Entity Name: TIMESHARES BY OWNER OF VOLUSIA COUNTY, INC.

FILED Oct 20, 2004 Secretary of State

The state of the s					
Current Principal Place of Business:				New Principal Place of Business:	
1676 PROVIDENCE BLVD., STE. C DELTONA, FL 32725				1676 PROVIDENCE BLVD STE. C DELTONA, FL 32725	
Current Mailing Address:				New Mailing Address:	
1676 PROVIDENCE BLVD., STE. C DELTONA, FL 32725				1676 PROVIDENCE BLVD STE. C DELTONA, FL 32725	
FEI Number:	74-3041945	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
FRANTZ, JEFFREY W ESQ. 3146 JOHN P CURCI DR., BLDG. 3A, BAY 5 PEMBROKE PARK, FL 33009 US				KLIMEK, FRANK S 841 GLASGOW AVE DELTONA, FL 32738	US
The above in the State		ubmits this statement for the p	ourpose o	f changing its registered	office or registered agent, or both,
SIGNATURE: FRANK KLIMEK					10/20/2004
	Electroni	c Signature of Registered Age	ent		Date
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KLIMEK, FRANK	NCE BLVD., STE. C		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SOMMERS, LEG	NCE BLVD., STE. C		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SOMMERS, LEG	NCE BLVD., STE. C		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK KLIMEK PTD 10/20/2004

(X) Delete

1676 PROVIDENCE BLVD., STE. C

KLIMEK, JANA L

DELTONA, FL 32725

() Change () Addition