

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # P02000048844

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



Principal Place of Business
1676 PROVIDENCE BLVD
STE. C
DELTONA, FL 32725

Mailing Address
1676 PROVIDENCE BLVD
STE. C
DELTONA, FL 32725



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3041945	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLIMEK, FRANK S
1591 AGATHA DR
DELTONA, FL 32725

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000627850
02/15/07-80075-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KLIMEK, FRANK 1676 PROVIDENCE BLVD., STE. C DELTONA, FL 32725
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SOMERS, LEON 1676 PROVIDENCE BLVD., STE. C DELTONA, FL 32725
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMERS, LEON 1676 PROVIDENCE BLVD., STE. C DELTONA, FL 32725
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/07 (386)574-0531