

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012758

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: UNIVERSAL VACATIONS CAPE CORAL, INC.

**Current Principal Place of Business:**

4905 CHIQUITA BLVD. SOUTH  
SUITE 102  
CAPE CORAL, FL 339148907

**New Principal Place of Business:**

**Current Mailing Address:**

4905 CHIQUITA BLVD. SOUTH  
SUITE 102  
CAPE CORAL, FL 339148907

**New Mailing Address:**

FEI Number: 01-0766455      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUSAN HOLLY, CPA, PA  
13725 COLLINA COURT  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: HAMBLETON, DALLAS  
Address: 4905 CHIQUITA BLVD. SOUTH, SUITE 102  
City-St-Zip: CAPE CORAL, FL 339148907

Title: VP ( ) Delete  
Name: HARE, STEVE  
Address: 4905 CHIQUITA BLVD. SOUTH, SUITE 102  
City-St-Zip: CAPE CORAL, FL 339148907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: SUSAN HOLLY

CPA

04/29/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date