2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

EPDVNFOU!$ P03000130539
2/ Entity Name
FLORIDA PALMS VACATION VILLAS INCORPORATED

Principal Place of Business
93: 8!D ENQPOT!H-BUF!OWE/
458
EBWFOQPSU!GM449: 7

Mailing Address
93: 8!D ENQPOT!H-BUF!OWE/
EBWFOQPSU!GM449: 7

EP OPU X SJUF JO UI JT TQBDF

03062007 Op!Di h.Q DS3F145!)22016*

5/ FEI Number
20-2033514
☐ Applied For
☐ Not Applicable

6/ Certificate of Status Desired ☐ %9/86 Beejupobm Gf!Sfrvjsf e

7/ Obn f !boe!Beesf t t !pgDvsf ouSf hjt tf sf e!Bhf ou

MORAN, MIKE
8297 CHAMPIONS GATE BLVD.
DAVENPORT, FL 33896

EP OPU X SJUF!
JO UI JT TQBDF

9/ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

:/ Election Campaign Financing Trust Fund Contribution. ☐ %6/11-Nbz!Cf !- Beef el;p!Gf f t

21/ OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORAN, DERMOT M
STREET ADDRESS	316 N. JOHN YOUNG PARKWAY., SUITE 13
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VSTD
NAME	MORAN, SHEILA
STREET ADDRESS	316 N. JOHN YOUNG PARKWAY., SUITE 13
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000660640
03/20/07-80008-020 150.00

EP OPU X SJUF!
JO UI JT TQBDF

23/ 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.

TJHOBUVSF; SMoran
TJHOBUVSF!BOE!IJTZOFE!PS!QSJOUFE!OBNF!PG!TJHOJOH!PGGJDFS!PS!E.BFDUPS

3/4/07 Date

863 420 6961 Daytime Phone #