

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130539

FILED
Mar 09, 2009
Secretary of State

Entity Name: FLORIDA PALMS VACATION VILLAS INCORPORATED

Current Principal Place of Business:

8810 COMMODITY CIRCLE
36
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8297 CHAMPIONS GATE BLVD.
347
DAVENPORT, FL 33896

New Mailing Address:

FEI Number: 20-2033514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, MIKE
8297 CHAMPIONS GATE BLVD.
DAVENPORT, FL 33896 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: PD () Delete
Name: MORAN, DERMOT M
Address: 8810 COMMODITY CIRCLE, SUITE 36
City-St-Zip: ORLANDO, FL 32819

Title: VSTD () Delete
Name: MORAN, SHEILA
Address: 8810 COMMODITY CIRCLE, STE 36
City-St-Zip: ORLANDO, FL 32819

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: SHEILA MORAN

VSTD

03/09/2009

Electronic Signature of Signing Officer or Director

Date