

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000130539

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA PALMS VACATION VILLAS INCORPORATED

**Current Principal Place of Business:**

8297 CHAMPIONS GATE BLVD  
347  
DAVENPORT, FL 33896

**New Principal Place of Business:**

817 KILDRUMMY DRIVE  
DAVENPORT, FL 33896

**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 D MR  
8297 CHAMPIONS GATE BLVD.  
347  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MORAN, MICHAEL D MR  
Address: 8297 CHAMPIONS GATE BLVD., SUITE 347  
City-St-Zip: DAVENPORT, FL 33896

Title: VSTD  
Name: MORAN, SHEILA MRS  
Address: 8297 CHAMPIONS GATE BLVD #347  
City-St-Zip: DAVENPORT, FL 33896

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL DERMOT MORAN

PD

01/08/2012

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

\_\_\_\_\_  
Date