

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000086942

**Entity Name:** RESORTS NATIONWIDE, INC.

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

140 W. FIFTH AVE SUITE B  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

140 W. FIFTH AVE SUITE B  
MOUNT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 20-1198929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NOVILLO, JAMES  
304 S HILL CREST ST.  
ALTAMONTE SPRINGS, FL 32750 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:** PSTD  
**Name:** NOVILLO, JAMES  
**Address:** 304 S. HILLCREST ST.  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32750

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:** JAMES NOVILLO

PSTD

04/02/2010

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

\_\_\_\_\_  
Date