

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 26 AM 9:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morthern  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06986 (4)**  
1. Corporation Name  
**BERKELEY RESORTS MANAGEMENT CORP.**

Principal Place of Business      Mailing Address

**3045 POLYNESIAN ISLES BOULEVARD  
KISSIMMEE FL 34746**

**515 N. FLAGLER DR.  
THE PAVILION - 4TH FLOOR  
WEST PALM BCH. FL 33401  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/06/1985**      **03/10/1994**

4. FEI Number      Applied For  
**22-2611294**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26 **3045 POLYNESIAN ISLES B**

Suite, Apt #, etc.      Suite, Apt #, etc.

22      27

City & State      City & State

23      28 **KISSIMMEE FLORIDA**

Zip      Country      Zip      Country

24      25      29 **34746**      30 **US**

9. Name and Address of Current Registered Agent

**MORRIS, MAX F.  
2300 SUN BANK CENTER  
200 SOUTH ORANGE AVE.  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BROWN, RORY A
STREET ADDRESS	515 N. FLAGLER DR, THE PAVILION, 4TH FLOOR
CITY - ST - ZIP	WEST PALM BCH. FL
TITLE	DP
NAME	ROBERTSON, JOHN
STREET ADDRESS	515 N. FLAGLER DR, THE PAVILION, 4TH FLOOR
CITY - ST - ZIP	WEST PALM BCH. FL
TITLE	D
NAME	ERBEY, WILLIAM C
STREET ADDRESS	515 N. FLAGLER DR, THE PAVILION, 4TH FLOOR
CITY - ST - ZIP	WEST PALM BCH. FL
TITLE	VAS
NAME	WILHOIT, STEPHEN C
STREET ADDRESS	615 N FLAGLER DR, THE PAVILION, 4TH FLOOR
CITY - ST - ZIP	WEST PALM BCH. FL
TITLE	SVT
NAME	TAYLOR, MARK B
STREET ADDRESS	515 N. FLAGLER DR, THE PAVILION, 4TH FLOOR
CITY - ST - ZIP	WEST PALM BCH. FL
TITLE	DMS
NAME	ERBEY, JOHN R
STREET ADDRESS	515 NORTH FLAGLER DRIVE
CITY - ST - ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MOLKO, RONALD S	
13 STREET ADDRESS	3045 POLYNESIAN ISLES BLVD.	
14 CITY - ST - ZIP	KISSIMMEE, FL 34746	
21 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GRABARNICK, PHILLIP GENE	
23 STREET ADDRESS	3045 POLYNESIAN ISLES BLVD.	
24 CITY - ST - ZIP	KISSIMMEE, FL 34746	
31 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MEYERS, NEIL S	
33 STREET ADDRESS	3045 POLYNESIAN ISLES BLVD.	
34 CITY - ST - ZIP	KISSIMMEE, FL 34746	
41 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MEYERS, HILLEL A	
43 STREET ADDRESS	3045 POLYNESIAN ISLES BLVD.	
44 CITY - ST - ZIP	KISSIMMEE, FL 34746	
51 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	DALE V KENNEDY	
53 STREET ADDRESS	3045 POLYNESIAN ISLES BLVD.	
54 CITY - ST - ZIP	KISSIMMEE, FL 34746	
61 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	EGGERT, RICHARD J	
63 STREET ADDRESS	3045 POLYNESIAN ISLES BLVD.	
64 CITY - ST - ZIP	KISSIMMEE, FL 34746	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard J. Eggert      **RICHARD J. EGGERT**      4/17/95      407-396-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR