

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90071 020 ***150.00

DOCUMENT # **P06986**

1. Corporation Name

BERKELEY RESORTS MANAGEMENT CORP.

Principal Place of Business

**3045 POLYNESIAN ISLES BOULEVARD
KISSIMEE FL 34746**

Mailing Address

**1781 PARK CENTER DRIVE
ORLANDO FL 32835
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1985

4. FEI Number

22-2611294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FREY, CHARLES C	
STREET ADDRESS	1781 PARK CENTER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERS, DEWEY	
STREET ADDRESS	1875 SOUTH GRANT STREET SUITE 650	
CITY-ST-ZIP	SAN MATEO CA 94402	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	GAINNONI, GENEVIEVE	
STREET ADDRESS	1781 PARK CENTER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ANN	
STREET ADDRESS	1781 PARK CENTER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILKS, BILLY	
STREET ADDRESS	1781 PARK CENTER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	AVAS	<input checked="" type="checkbox"/> DELETE
NAME	EGGERT, RICHARD J	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY-ST-ZIP	KISSIMEE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L. Steven Miller	
1.3 STREET ADDRESS	1781 Park Center Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32835	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas A. Bell	
2.3 STREET ADDRESS	1781 Park Center Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32835	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Goodman	
3.3 STREET ADDRESS	1781 Park Center Drive	
3.4 CITY-ST-ZIP	Orlando, FL 32835	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

(407) 532-1000

Daytime Phone #

CR2E034 (11/98)