

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000047530

FILED
Apr 27, 2009
Secretary of State

Entity Name: RESIDENTIAL RESORTS GROUP INC.

Current Principal Place of Business:

23375 JANICE AVENUE
11
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

1223 TROPICAIRE BLVD
NORTH PORT, FL 34286

Current Mailing Address:

23375 JANICE AVENUE
11
PORT CHARLOTTE, FL 33980

New Mailing Address:

P.O. BOX 494331
PORT CHARLOTTE, FL 33949

FEI Number: 26-0557282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMAN, MICHAEL W
23375 JANICE AVENUE
11
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

GORMAN, MICHAEL W
1223 TROPICAIRE BLVD
PORT CHARLOTTE, FL 34286 US

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: MICHAEL W GORMAN

04/27/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITNEY, RUSSEL K
Address: 23375 JANICE AVENUE #11
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: VP () Delete
Name: GORMAN, MICHAEL W
Address: 23375 JANICE AVENUE #11
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: T () Delete
Name: GORMAN, MICHAEL W
Address: 23375 JANICE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GORMAN, MICHAEL W
Address: 1223 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP (X) Change () Addition
Name: GORMAN, MICHAEL W
Address: 1223 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286 US

Title: T (X) Change () Addition
Name: GORMAN, MICHAEL W
Address: 1223 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34286 US

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: MICHAEL W GORMAN

RA

04/27/2009

Electronic Signature of Signing Officer or Director

Date