2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 04, 2008 8:00 am Secretary of State

DOCUMENT # P07000122827 1. Enlity Name VACATION PROPERTY MANAGEMENT REALTY, INC.									04-25-2008 9	0169 001 **	*/50.00	
Principal Place of Business Mailing Address 1501 GULF DRIVE NORTH 1501 GULF DRIVE NORTH BRADENTON BEACH, FL 34217 BRADENTON BEACH, FL 34217								660	1327 0	ARIO NOOLIKIO OON YO	HERI O 1787	
2. Principal Pi	Malling Address	lling Address										
Suite, Apt. #. etc.				Suite, Apt. #, etc.				04092008	Chg-P CI	R2E034 (12/06)		
City & State			(City & State				4. FEI Numb	<u>"- 14584</u>	125 AF	plied For at Applicable	
Zip		Country	7	Zip	Countr			5. Certificate	of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name					
WEIR, GLORIA 1111 62ND STREET COURT WEST						Street Address (P.O. Box Number is Not Acceptable)						
BRADENTON, FL 34209												
						City						
8. 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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or privided number of registeries against any of the 4 applicable. (NOTE: Registered Agans signatural relocated when reinstating) DATE												
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.	· · · · · ·	OFFICERS AN	D DIREC		11.			ADDITIONS	/CHANGES TO OFFICERS			
HAME	RS ☐ Delote 1111 WEIR, GLORIA NA					-				X Change	Addition	
SIREET ADDRESS CITY-ST-ZIP	7777 2212 2112 2112 2112 2112 2112					EET ADORESS -ST-ZIP						
TITLE	VALENTE, J. Dette III						VA	lente	JAMes	Change	Addition	
STREET ADDRESS	STI					EET AODRESS	120	1 Gul	= Dr. No.	C 211	_	
CITY-ST-ZIP	<u> </u>			☐ Delete	TITL	'-ST-ZIP E	DU	A derit	on Beach	Change	Addition	
NAME STREET ADDRESS					NAM STR	RE EET ADORESS						
CITY-ST-ZIP	<u> </u>		-			-S1-ZP						
TITLE NAME				☐ Delete	TITL	€				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '+ST-ZIP						
TITLE MAME	1			☐ Delete	TITL NAS					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	ŀ					EET ADDRESS '-ST-ZIP						
DILE	ţ			☐ Delete	ħn	E	·			Change	Addition	
STREET ADDRESS CITY-ST-ZIP						AE EET ADDRESS 1-St-zip						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under ooth; 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 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR DEED CONTROL PROVES												