

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000025833

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** RESORT OWNER RESALES INC.

**Current Principal Place of Business:**

609 N. HWY. 1792 STE. 102 H  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

609 N. HWY. 1792 STE. 102 H  
DEBARY, FL 32713

**New Mailing Address:**

**FEI Number:** 45-0822914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLIMEK, FRANK  
1591 AGATHA DR.  
DELTONA, FL 32725 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KLIMEK, FRANK  
Address: 1591 AGATHA DR.  
City-St-Zip: DELTONA, FL 32725

Title: VP  
Name: KLIMEK, ELAINA  
Address: 1591 AGATHA DR  
City-St-Zip: DELTONA, FL 32725

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: FRANK KLIMEK

PRES

02/22/2012

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

\_\_\_\_\_  
Date