

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39241** (5)
1. Corporation Name
GRAND VACATIONS REALTY, INC.



Principal Place of Business: **6355 METRO WEST BLVD SUITE 180 ORLANDO FL 32835 US**
Mailing Address: **6355 METROWEST BLVD. STE. 180 ORLANDO FL 32835 US**

3. Date Incorporated or Qualified: **06/15/1992**
3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business (21-24):
2a. Mailing Address (25-28):
22. Suite, Apt. #, etc. (27):
23. City & State (28):
24. Zip (29), Country (30)

4. FEI Number: **65-0330739**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**TEN BROEK, ALLEN G
6355 METRO W BLVD
SUITE 180
ORLANDO FL 32835**

10. Name and Address of New Registered Agent:
81 Name: **Donald L. Harrill**
82 Street Address (P.O. Box Number is Not Acceptable): **6355 MetroWest Blvd., Ste. 180**
83
84 City: **Orlando, FL** 85 Zip Code: **32835**

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: *Donald L. Harrill* **Donald L. Harrill, President** 4/15/96 DATE

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE: PCD <input checked="" type="checkbox"/> DELETE | NAME: TEN BROEK, ALLEN G. STREET ADDRESS: 6355 METROWEST BLVD., SUITE 180 CITY-ST-ZIP: ORLANDO FL |
| TITLE: V <input type="checkbox"/> DELETE | NAME: MOORE, MITCHELL R. STREET ADDRESS: 13391 MCGREGOR BLVD., SW CITY-ST-ZIP: FT. MYERS FL |
| TITLE: S <input type="checkbox"/> DELETE | NAME: MCMULLEN, MALCOLM STREET ADDRESS: 6355 METROWEST BLVD. STE. 180 CITY-ST-ZIP: ORLANDO FL |
| TITLE: T <input type="checkbox"/> DELETE | NAME: MATTHEW, THOMAS O. STREET ADDRESS: 6355 METROWEST BLVD. STE. 180 CITY-ST-ZIP: ORLANDO FL |
| TITLE: D <input type="checkbox"/> DELETE | NAME: BARBER, ROBLEY T. STREET ADDRESS: 6355 METROWEST BLVD., STE 180 CITY-ST-ZIP: ORLANDO FL |
| TITLE: D <input type="checkbox"/> DELETE | NAME: HARRILL, DONALD L. STREET ADDRESS: 6355 METROWEST BLVD #180 CITY-ST-ZIP: ORLANDO FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 1.1 TITLE: PC <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 1.2 NAME: Donald L. Harrill |
| 1.3 STREET ADDRESS: 6355 MetroWest Blvd., Ste. 180 | 1.4 CITY-ST-ZIP: Orlando, Fl 32835 |
| 2.1 TITLE: VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 2.2 NAME: Antoine Dagot |
| 2.3 STREET ADDRESS: 6355 MetroWest Blvd., Ste. 180 | 2.4 CITY-ST-ZIP: Orlando, Fl 32835 |
| 3.1 TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 3.2 NAME: Gerald Ransdell |
| 3.3 STREET ADDRESS: 3575 Las Vegas Blvd. South | 3.4 CITY-ST-ZIP: Las Vegas, NV 89109 |
| 4.1 TITLE: AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 4.2 NAME: Melody Ann Jackson |
| 4.3 STREET ADDRESS: 7645 Turkey Lake Road | 4.4 CITY-ST-ZIP: Orlando, Fl 32819 |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald L. Harrill* **Donald L. Harrill, President** (407) 521-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)