

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000023303

Entity Name: HS RESORTS, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1032 SE 43RD ST  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1402 NE PINE ISL LN  
CAPE CORAL, FL 33909

**New Mailing Address:**

4807 SUNSET COURT #701  
CAPE CORAL, FL 33904

FEI Number: 65-0483384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACKMAN, RITA  
1402 NE PINE ISLAND LANE  
CAPE CORAL, FL 33909 US

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

JACKMAN, RITA  
4807 SUNSET COURT #701  
CAPE CORAL, FL 33904 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: RITA JACKMAN

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHAEFER, HEINZ  
Address: 1032 SE 43RD ST  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: FLYNN, KATHLEEN  
Address: 4807 SUNSET COURT #701  
City-St-Zip: CAPE CORAL, FL 33904

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: KATHLEEN FLYNN

D

04/27/2012

Electronic Signature of Signing Officer or Director

Date