

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 # P94000042601 (2)

1. Corporation Name  
BLUEBILL VACATION PROPERTIES, INC.



Principal Place of Business

26201 HICKORY BLVD.  
#100  
BONITA SPRINGS FL 33923

Mailing Address

26201 HICKORY BLVD.  
#100  
BONITA SPRINGS FL 33923

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24  
CORCELLI, DONALD N  
26201 HICKORY BLVD.  
#100  
BONITA SPRINGS FL 33923

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
06/03/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number  
65-0500213

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature of and/or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D  
1.2 NAME CORCELLI, DONALD N  
1.3 STREET ADDRESS 26201 HICKORY BLVD., #100  
1.4 CITY-STATE-ZIP BONITA SPRINGS FL 33923

2.1 TITLE VPS  
2.2 NAME KILPATRICK, R.E.  
2.3 STREET ADDRESS 16650 ISLAND PARK RD. # 103  
2.4 CITY-STATE-ZIP FT. MYERS FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME CORCELLI, DONALD N.  
1.3 STREET ADDRESS 26201 Hickory Blvd., # 100  
1.4 CITY-STATE-ZIP Bonita Springs, FL 33923

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE V/D ☐ Change ☒ Addition  
3.2 NAME CORCELLI, MARY  
3.3 STREET ADDRESS 26201 Hickory Blvd., # 100  
3.4 CITY-STATE-ZIP Bonita Springs, FL 33923

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

R.E. Kilpatrick  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96  
Date

(941) 992-2525  
Daytime Phone #

CR2E034 (12/95)