

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000049890

FILED
Apr 09, 2012
Secretary of State

Entity Name: VACATION BREAK RESORTS, INC.

Current Principal Place of Business:

8427 SOUTH PARK CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

22 SYLVAN WAY
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 65-0508622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: VP
Name: WARING, MICHAEL
Address: 22 SYLVAN WAY
City-St-Zip: PARSEPPANY, NJ 07054

Title: P
Name: HANNING, FRANZ S
Address: 8427 SOUTH PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: SD
Name: BENDLIN, GREGORY J
Address: 8427 S PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: EVPT
Name: EDWARDS, THOMAS J JR.
Address: 22 SYLVAN WAY
City-St-Zip: PARSEPPANY, NJ 07054

Title: D
Name: HUG, MICHAEL A.
Address: 8427 SOUTH PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: D
Name: ROSSI, NICOLA
Address: 22 SYLVAN WAY
City-St-Zip: PARSEPPANY, NJ 07054

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: MONICA G ZAMBRANO, ATTY-IN-FACT

D

04/09/2012

Electronic Signature of Signing Officer or Director

Date