

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053096

1. Corporation Name
VCH OAKS, INC.

Principal Place of Business
8801 VISTANA CENTRE DRIVE
ORLANDO FL 32821-6353

Mailing Address
POST OFFICE BOX 22197
LAKE BUENA VISTA FL 32830-2197

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

59-3384868

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 owes the current year Intangible
Personal Property Tax

☒

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City Tallahassee FL 85 Zip Code 32301

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 607.0605, Florida Statutes.

SIGNATURE Please see attached copy of Statement of Change of Registered Office, filed 1/29/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature and Title are required for Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

12. OFFICERS AND DIRECTORS

TITLE	CD	[] DELETE
NAME	GELLEIN, RAYMOND L JR	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	
TITLE	PD	[] DELETE
NAME	ADLER, JEFFREY A	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	
TITLE	EVCA	☒ DELETE
NAME	AVRIL, MATTHEW E	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	
TITLE	SVPS	[] DELETE
NAME	WERTH, SUSAN B	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	
TITLE	SVP	[] DELETE
NAME	MCKNIGHT, JAMES A	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	
TITLE	SVP	[] DELETE
NAME	LYTLE, CAROL	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VC/CF/T/A	[] Change ☒ Addition
12 NAME	HARRIS, CHARLES E	
13 STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
14 CITY-ST-ZIP	ORLANDO, FL 32821-6353	
21 TITLE	V/CA/A	[] Change ☒ Addition
22 NAME	PATTEN, MARK E	
23 STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
24 CITY-ST-ZIP	ORLANDO, FL 32821-6353	
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

9000002793689-8
-03/03/99-01075-020
****158.75 ****158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Werth

2/25/99 (407) 239-3234

0106348

CR2E034 (11/98)