

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90192 042 ***158.75

DOCUMENT # P97000002998

1. Corporation Name
NORTH AMERICAN RESORTS VACATION CLUB, INC.

Principal Place of Business
250 INTERNATIONAL PARKWAY
114
HEATHROW FL 32746

Mailing Address
250 INTERNATIONAL PARKWAY
114
HEATHROW FL 32746



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

59-3418102

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

2. Principal Place of Business

2a. Mailing Address

21 140 SHELL HARBOUR ROAD
Suite, Apt. #, etc.

26 140 SHELL HARBOUR ROAD
Suite, Apt. #, etc.

City & State

23 SATSUMA, FLORIDA

City & State

28 SATSUMA, FLORIDA

Zip

24 32189

Country

25 USA

Zip

29 32189

Country

30 USA

9. Name and Address of Current Registered Agent

DIFRANCESCO, JOSEPH
2221 SPRINGS LANDING BLVD
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

GNIADEK, DEBORAH

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

108 OHIO STREET

83

STAR ROUTE 2 BOX 147

84 City

CRESCENT CITY

FL

85 Zip Code

32112

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME DIFRANCESCO, JOSEPH
STREET ADDRESS 2221 SPRINGS LANDING BLVD
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☒ DELETE
NAME DIFRANCESCO, BERNADETTE
STREET ADDRESS 2221 SPRINGS LANDING BLVD
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE
NAME GNIADEK, DEBORAH
STREET ADDRESS 902 MILLENBECK AVE
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Deborah Gniadek DEBORAH GNIADEK 4/19/99 904-467-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)