

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90168 001 ***158.75

DOCUMENT # P97000055371

1. Corporation Name

KNIGHTSBRIDGE PARK VACATIONS INC.

Principal Place of Business

7786 INDIAN RIDGE TRAIL SOUTH
KISSIMMEE FL 34747

Mailing Address

P O BOX 470126
CELEBRATION FL 34747
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

59-3454556

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

21 7860 WEST IRLO BRANSON
HIGHWAY

2a. Mailing Address

26 7860 WEST IRLO BRANSON
HIGHWAY

23 KISSIMMEE FLORIDA

28 KISSIMMEE, FLORIDA

24 34747 25 U.S.A.

29 34747 30 U.S.A.

9. Name and Address of Current Registered Agent

WILKES, BRIAN
7786 INDIAN RIDGE TRAIL SOUTH
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

81 Name WILKES, BRIAN
82 Street Address (P.O. Box Number is Not Acceptable)
83 7860 WEST IRLO BRANSON HIGHWAY
84 City KISSIMMEE FL 85 Zip Code 34747

11. Pursuant to the provisions of Sections 607.1502 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

APRIL 28, 1999

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WILKES, BRIAN
STREET ADDRESS 7786 INDIAN RIDGE TRAIL SOUTH
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE VD ☐ DELETE
NAME WILKES, JANET
STREET ADDRESS 7786 INDIAN RIDGE TRAIL SOUTH
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE VD ☐ DELETE
NAME WILKES, JAMES
STREET ADDRESS 7786 INDIAN RIDGE TRAIL SOUTH
CITY-ST-ZIP KISSIMMEE FL 34747

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 PD ☒ Change ☐ Addition
1.2 NAME WILKES, BRIAN
1.3 STREET ADDRESS 7860 WEST IRLO BRANSON HIGHWAY
1.4 CITY-ST-ZIP KISSIMMEE, FLORIDA, 34747

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME WILKES, JANET
2.3 STREET ADDRESS 7860 WEST IRLO BRANSON HIGHWAY
2.4 CITY-ST-ZIP KISSIMMEE, FLORIDA, 34747

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME WILKES, JAMES
3.3 STREET ADDRESS 7860 WEST IRLO BRANSON HIGHWAY
3.4 CITY-ST-ZIP KISSIMMEE, FLORIDA, 34747

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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

APRIL 28, 1999

407.397.0446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)