2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## May 04, 2004 8:00 am Secretary of State **DOCUMENT # P97000061322** 1. Entity Name 05-04-2004 90187 021 \*\*\*150.00 B.L. VACATION OWNERSHIP, INC. Principal Place of Business Mailing Address 7503 ATLANTIS WAY 3015 N OCEAN BLVD **CELEBRATION FL 34747** STE 125 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0826972 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A. Foster BLODIG, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 100 W CYPRESS CREEK ROAD STE 700 FT LAUDERDALE FL 33309 30,15 N Ocean Blud, Ste Zip Code ±t. Laudendale 8. 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. I am familiar with, and accept the obligations of registered agent. ebun A Fost or SIGNATURE A Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D/P/S DVS TITLE Defete TITLE **1** Change Addition LAMBERT, DANIEL NAME NAME Daniel Lambert 2419 E. Commercial Blvd, Ste 100 STREET ADDRESS 2419 E. COMMERCIAL BLVD., #100 STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Laudendale, FL 33308 TITLE ☐ Delete D/V/T TITLE Addition VERILLO, JAMES James Verillo 2419 E. Commercial Blud, Ste 100 NAME STREET ADDRESS 2419 E. COMMERCIAL BLVD., #100 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-7IP Ft. Lauderdak, FL TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. 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 report or supplemental people 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 trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 954.563.2444 Lambert SIGNATURE AND TYPED OR PRINTED NAME OF S