

1999.

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Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90005 029 ***558.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000073645 ✓
 1. Corporation Name
VACATION HOMES OF CENTRAL FLORIDA, INC.



Principal Place of Business
 2600 DOUGLAS RD
 SUITE 911
 CORAL GABLES FL 33134

Mailing Address
 2600 DOUGLAS RD
 SUITE 911
 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 909 Jasmine St.		26 909 Jasmine St.		08/25/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Celebration, FL		28 Celebration, FL		65-0814793	
24 34747		25 USA		5. Certificate of Status Desired	
26 34747		27 USA		☒ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
28 34747		29 USA		6. Election Campaign Financing Trust Fund Contribution	
30 34747		31 USA		☐ \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

GREENFIELD, ALAN E
 2600 DOUGLAS RD
 SUITE 911
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

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 607.0509, Florida Statutes.

SIGNATURE

Andrew LaRosa President 7/30/99
 Signature, typed or printed name of signing officer and title if applicable
 Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	LAROSA, ANDREW	1.2 NAME	
STREET ADDRESS	909 JASMIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CELEBRATION FL 34747	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	GREENFIELD, ALAN E	2.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD SUITE 3911	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Andrew LaRosa President 7/30/99 (407) 566-8289
 Signature and typed or printed name of signing officer or director
 Date Daytime Phone

CR2E034 (5/99)

PA 7000073645
000592-90005-29
8173

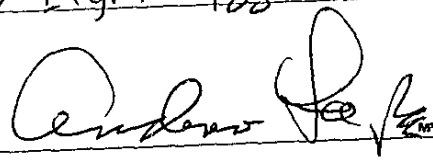
VACATION HOMES OF CENTRAL FLORIDA, INC.
909 Jasmine St
Celebration, FL 34747

Date 7/30/99 63-215/631

Pay to the Order of Department of State \$ 558.75
Five Hundred And Fifty Eight ⁷⁵/₁₀₀ Dollars  Security features
included. Details on back.

SUNTRUST

SunTrust Bank, Central Florida, N.A.
Celebration Office (407) 846-4786
Celebration, FL

For 1999 - Corp. Annual Report 

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