2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P97000073645

Entity Name: VACATION HOMES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

909 JASMINE ST
CELEBRATION, FL 34747

New Principal Place of Business:

801 OAK SHADOWS ROAD
CELEBRATION, FL 34747

Current Mailing Address:

909 JASMINE ST
CELEBRATION, FL 34747

New Mailing Address:

801 OAK SHADOWS ROAD
CELEBRATION, FL 34747

FEI Number: 65-0814793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENFIELD, ALAN E
15105 NW 77 AVE. STE. 303
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LAROSA, ANDREW
Address: 909 JASMIN ST
City-St-Zip: CELEBRATION, FL 34747

Title: DV ( ) Delete
Name: LAROSA, JOSEPH
Address: 1021 BANKS ROSE CT.
City-St-Zip: CELEBRATION, FL 34747

Title: DVP ( ) Delete
Name: LAROSA, MICHAEL
Address: 909 JASMINE ST.
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LAROSA, ANDREW
Address: 801 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: LAROSA, MICHAEL
Address: 801 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW LA ROSA DP 04/27/2004

Electronic Signature of Signing Officer or Director — Date