

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073645

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: VACATION HOMES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

801 OAK SHADOWS ROAD  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

801 OAK SHADOWS ROAD  
CELEBRATION, FL 34747

**New Mailing Address:**

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: 801 OAK SHADOWS ROAD  
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: 801 OAK SHADOWS ROAD  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

04/28/2005

Electronic Signature of Signing Officer or Director

Date