

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90126 001 ***150.00

DOCUMENT # P98000063167

1. Corporation Name
VACATIONS BY DESIGN, INC.

Principal Place of Business

5613 S ORANGE AVE
ORLANDO FL 32809

Mailing Address

5613 S ORANGE AVE
ORLANDO FL 32809



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

59-3524887

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

21 401 COUNTRY WOOD CR

Suite, Apt. #, etc.

City & State

23 LAKE MARY FL

Zip

24 32746

Country

25 USA

2a. Mailing Address

26 401 COUNTRY WOOD CR

Suite, Apt. #, etc.

City & State

28 LAKE MARY FL

Zip

29 32746

Country

30 USA

9. Name and Address of Current Registered Agent

TELLERIA, SUSAN I
5613 S ORANGE AVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

SUSAN I. TELLERIA-GUERRA

82 Street Address (P.O. Box Number is Not Acceptable)

401 COUNTRY WOOD CR

83

84 City

LAKE MARY

FL

85 Zip Code

32746

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 607.0505, Florida Statutes.

SIGNATURE Susan I. Telleria-Guerra SUSAN I. TELLERIA-GUERRA 4/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TELLERIA, SUSAN I
STREET ADDRESS 255 S NASRCOOSSEE RD
CITY-ST-ZIP ST CLOUD FL 34771

TITLE D ☐ DELETE

NAME TELLERIA, OLGA L
STREET ADDRESS 5371 RAMBLING RD
CITY-ST-ZIP ST CLOUD FL 34771

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME SUSAN I. TELLERIA-GUERRA

1.3 STREET ADDRESS 401 COUNTRY WOOD CR

1.4 CITY-ST-ZIP LAKE MARY FL 32746

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 like empowered.

SIGNATURE: Susan I. Telleria-Guerra

4/28/99

407-328-8870

CR2E034 (11/98)