

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106242

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** CERTIFIED VACATIONS GROUP, INC.

**Current Principal Place of Business:**

1500 CORDOVA RD., STE 302  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 029006  
FT. LAUDERDALE, FL 33302

**New Mailing Address:**

**FEI Number:** 65-0888405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, DENNIS D  
C/O TRIPP SCOTT  
110 S.E. 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: EGAN, MICHAEL S  
Address: 1500 CORDOVA RD., STE 302  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: TD  
Name: LEBOWITZ, ROBIN S  
Address: 1500 CORDOVA RD., STE 302  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S  
Name: NORMAN, TRIPP  
Address: 1500 CORDOVA RD., STE 302  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D  
Name: KELLY, WILLIAM H JR  
Address: 55 EAST MONROE ST. STE. 4620  
City-St-Zip: CHICAGO, IL 60603

I hereby 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 all other like empowered.

SIGNATURE: ROBIN S LEBOWITZ

DT

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date