

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90042 046 ***150.00

DOCUMENT # P99000099322

1. Entity Name
SW FLORIDA WATERFRONT VACATION, INC.



Principal Place of Business
3628 S.W. 1ST PLACE
CAPE CORAL, FL 33914

Mailing Address
1317 SE 46TH LANE
#207
CAPE CORAL, FL 33904-8624

40010855



2. Principal Place of Business

1317 SE 46th Lane

Suite, Apt. #, etc.

#207

City & State

Cape Coral, FL

Zip

33904-8624

Country

Lee

3. Mailing Address

Suite, Apt. #, etc.

01262005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0968002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LYDIA THIERSMANN
1317 SE 46TH LANE #207
CAPE CORAL, FL 33904-8624

7. Name and Address of New Registered Agent

Name

Lydia Thiersmann

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HIRSCHMANN, HANS-PETER	
STREET ADDRESS	3628 SW 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HIRSCHMANN, GERLINDE	
STREET ADDRESS	3268 S.W. 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIERSMAN, LYDIA	
STREET ADDRESS	1317 SE 46TH LANE #207	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Zur Pfefferlache 12	
CITY-ST-ZIP	Worms, Germany	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Zur Pfefferlache 12	
CITY-ST-ZIP	Worms, Germany	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thiersmann, Lydia	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lydia Thiersmann Lydia Thiersmann 1-26-05 239-549-4262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #