

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099322

FILED  
Mar 27, 2012  
Secretary of State

Entity Name: SW FLORIDA WATERFRONT VACATION, INC.

## Current Principal Place of Business:

1317 SE 46TH LANE  
# 207  
CAPE CORAL, FL 339048624

## New Principal Place of Business:

4430 ORCHID BLVD  
# 202  
CAPE CORAL, FL 33904

## Current Mailing Address:

C/O HANS-PETER HIRSCHMANN  
ZUR PFEFFERLACHE 12  
67550 WORMS, GERMANY, XX

## New Mailing Address:

C/O HANS-PETER HIRSCHMANN  
ZUR PFEFFERLACHE 12  
WORMS, GERMANY, GE 67550 GE

FEI Number: 65-0968002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THIERSMANN, LYDIA  
1317 SE 46TH LANE  
207  
CAPE CORAL, FL 339048624 US

## Name and Address of New Registered Agent:

HUTTNER, OLIVER  
4430 ORCHID BLVD  
202  
CAPE CORAL, FL 33904 US

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: HUTTNER, OLIVER

03/27/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTD  
Name: HIRSCHMANN, HANS-PETER  
Address: ZUR PFEFFERLACHE 12  
City-St-Zip: WORMS, GERMANY, GE 67550 GE

Title: VSD  
Name: HIRSCHMANN, GERLINDE  
Address: ZUR PFEFFERLACHE 12  
City-St-Zip: WORMS, GERMANY, GE 67550 GE

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: HIRSCHMANN, HANS-PETER

PTD

03/27/2012

Electronic Signature of Signing Officer or Director

Date