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Feb 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S73186

(6)

1. Corporation Name

HARMONY VACATION VILLAS, INC.

Principal Place of Business

1207 OAK HAMMOCK  
SARASOTA FL 34240  
US

Mailing Address

1207 OAK HAMMOCK  
SARASOTA FL 34240-8878  
US



2. Principal Place of Business

21 1300 S. INGLAID DRIVE  
SARASOTA 34240 FL.

2a. Mailing Address

26 1300 S. INGLAID DRIVE  
SARASOTA 34240 FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL.

City & State

28 SARASOTA FL.

Zip

24 34240

Country

25 U.S.A.

Zip

29 34240

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WEBER, EDWARD ESQ  
1549 RINGLING BLVD  
SUITE 500  
SARASOTA FL 34236

3. Date Incorporated or Qualified

08/14/1991

3a. Date of Last Report

03/06/1996

4. FEI Number

65-0276712

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 P  
NAME WADE, FRED  
STREET ADDRESS 1207 OAK HAMMOCK  
CITY - ST - ZIP SARASOTA FL ☐ DELETE

TITLE VP  
NAME WADE, SUE  
STREET ADDRESS 1207 OAK HAMMOCK  
CITY - ST - ZIP SARASOTA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD WEBER

SWade

Date

2/1/97

Daytime Phone #

941-378 9429

CR2E034 (9/96)