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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S73186

HARMONY VACATION VILLAS, INC.

	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
Principal Place	e of Business	Mailing Address					1150110101111					
1200 SINCLAIR	DRIVE	1200 SINCLAIR DRIVE										
SARASOTA FL 34240		SARASOTA FL 34240						DO NOT WR	ITE IN THIS	SPACE		
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						"	08/14/1991					ļ
2. Principal Place of Business 2a. Mailing Address						4.	, FEI Number				Applied For	1
21 26							65-0276712	2	,		Not Applicable	1
Suite, Apt.	Suite, Apt. #, etc.	#, etc.				. Certifcate of S			\$8.75	Additional	7	
22		27					. Certificate of Si	atus Desired		Fee l	Required	
City & State	e	City & State	4				6. Election Campaign Financing \$5.00 May Be					
23		28					Trust Fund Co	ntribution		Adde	d to Fees	_
Zip	Country	Zip	Соц	ntry		8.	. This corporation		rent year Inta		—	
24	25		30			L_	Personal Prop			☐ Yes	□No	4
	9. Name and Address of Curren	t Registered Agent		04	Mana	10.	. Name and Ad	dress of New	Registered	Agent		+
WED	ED EDWADD ESO			81	Name							-
WEBER, EDWARD ESQ				82	Street	Address (F	dress (P.O. Box Number is Not Acceptable)					7
1549 RINGLING BLVD SUITE 500												4
	ASOTA FL 34236			83								
SAN	ASOTA FE 34230			84	City					85 Ži _l	Code	7
				$\perp \perp$					FL	ــلـــــــــــــــــــــــــــــــــــ		
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was at	uthorized	l by t	he corp	pration's b	loard of directors	. I hereby acce	pt the appoir	ntment as	registered	
SIGNATURE		ANOTE:	Danistan d	Assat		navirad whee	corpetation)		DATE		 	1_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			Registered Agent signature required 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P	D-DELETE	1.1 717	TLE		~~~			, , , , , , , , , , , , , , , , , , , ,	Lettang		1 60,1
NAME	WADE, FRED					WAD	E FRE					3
STREET ADDRESS	1007 044 1144 11004			1.3 STREET ADDRESS			SINCL	JIE DE	1116			8
CITY-ST-ZIP	SARASOTA FL			TY-ST			AS OTA					5
TITLE	VP & DELETE		2.1 TITLE		VP.			,	☐ Chang	e Addition	7 2	
NAME	WADE, SUE		2.2 N	AME.		WAS	de sve			•		-
STREET ADDRESS	1207 OAK HAMMOCK				ADDRESS	120	00 3 N C	LAIROF	(100			
CITY-ST-ZIP	SARASOTA FL			TY-ST			2ASOVA		cp _Z			
TITLE	☐ DELETE			3.1 TITLE				<u> </u>		☐ Chang	e 🔲 Addition	า
NAME			3.2 NA	AME								
STREET ADDRESS					ADDRESS							
				ITY-ST								
CITY-ST-ZIP TITLE		☐ DELETE	4,1 TIT							Change	e Addition	7
NAME			4. 2 N									1
STREET ADDRESS					+000E00			•				
OTALE I MUDICESS			4357	RE- I	AUURESS	1						
CITY OT 7ID			4.3 ST									
CITY-ST-ZIP		☐ DELETE		TY-ST						Chang	e	1
TITLE		_ DELETE	4.4 CI	TY-ST		_	িল্লীয় ক	: 11		Chang	e Addition	1
TITLE NAME		_ DELETE	4.4 CI 5.1 TI 5.2 NA	TY-ST TLE AME		_	To Company the		Termanian	☐ Chang	e Addition	1
TITLE		_ DELETE	4.4 CI 5.1 TI 5.2 NA 5.3 ST	TY-ST TLE AME	-ZIP ADORESS		The Committee of the Co	in the second	- A	☐ Chang	e Addition	\ \ \ \

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP