FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED

95 MAY ... 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S80787 (2)

1. Corporation Name

INTERVAL RESORT PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
11595 KELLY ROAD FT. MYERS FL 33908	11595 KELLY ROAD FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: 09/16/1991
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2231500 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SANDRA PITTS~~ ~~11595 KELLY ROAD~~ ~~SUITE 307B~~ ~~FT. MYERS FL 33908~~	81 Name: Tonna Kenoyer 82 Street Address (P.O. Box Number is Not Acceptable): 11595 Kelly Road 83 84 City: Ft. Myers FL 85 Zip Code: 33908

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] — Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Date: 4/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~T~~	11 TITLE	☒ Change ☐ Addition
NAME	~~KEN, STRONG~~	12 NAME	
STREET ADDRESS	~~11595 KELLY RD~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~FT. MYERS FL 33908~~	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	TONNA KENOYER	22 NAME	
STREET ADDRESS	11595 KELLY RD	23 STREET ADDRESS	
CITY-ST-ZIP	FT.MAYERS FK 33098	24 CITY-ST-ZIP	
TITLE	V/P	31 TITLE	☐ Change ☐ Addition
NAME	BOB MCCLINTIC	32 NAME	
STREET ADDRESS	11595 KELLY RD	33 STREET ADDRESS	
CITY-ST-ZIP	FT.MAYERS FL 33908	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	NAN OHARA	42 NAME	
STREET ADDRESS	11595 KELLY RD	43 STREET ADDRESS	
CITY-ST-ZIP	FT.MAYERS FL 33908	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Nan B. O'Hara, Secretary — 4/11/95 — 813-454-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0322147 CP