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PROFIT CORPORATION ANNUAL REPORT



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

1996

S80787

DOCUMENT #
1. Corporation Name

INTERVAL RESORT PROPERTY MANAGEMENT, INC.

2. Principal Place of Business 21	otus Desired [gn Financing ribution [has liability for inta	\$5.0 Addangible tax under s	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. STE#164 5. Certificate of Sta	gn Financing ribution (nas liability for inta	\$5.0 Addangible tax under s	Not Applicable 5 Additional Required 00 May Be ed to Fees
22 STE#164 City & State FT. MYERS, FI. Zip Country 24 33907 25 LEE 29 33907 30 LEE 9. Name and Address of Current Registered Agent TONNA KENOYER 11595 KELLY ROAD SUITS 2078 B2 Street Address (P.O. Box Number is	gn Financing ribution has liability for inta	\$5.0 Addangible tax under s	5 Additional Required 00 May Be ed to Fees
23 FT MYERS FT 28 FT MYERS FT Trust Fund Control 24 33907 25 LEE 29 33907 30 LEE 33907 25 LEE 29 33907 30 LEE 33907 30 LEE 10 Name and Additional 5	ribution has liability for inta XYes	Addiangible tax under s	ed to Fees
24 33907 25 LEE 29 33907 30 LEE Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 1595 KELLY ROAD SUITS 2078 1595 KELLY ROAD 62 Street Address (P.O. Box Number is	XYes [No	400 000
TONNA KENOYER 11595 KELLY ROAD STREET ADARS 81 Name DONNA SAGE B2 Street Address (P.O. Box Number is	tess of Man Had	latarad taxant	s 199.032,
TONNA KENOYER 11595 KELLY ROAD SUITE 2078 DONNA SAGE Street Address (P.O. Box Number is		istered Agent	
11595 KELLY ROAD STUTE 2078			
CLUTE 207B	s Not Acceptable)		
FT MYERS FL 33908 83 12995 CLEVELA	ND AVE	STE#164	
84 City FT. MYERS, 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this staten		FL 85 Z	7ip Code 33907
	NGES TO OFFICE	DATE ERS AND DIRECTO	ORS IN 12
KEN, STRONG DELETE 1.1 TITLE PRESIDENT		☐ Change	Addition .
NAME STREET ADDRESS TR. MYERS FL 33908 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.2 STREET ADDRESS 1.3 STREET ADDRESS 1.2 NAME 1.3 STREET ADDRESS 1.4 NAME 1.5 NAME 1.5 NAME 1.5 NAME 1.5 NAME 1.6 NAME 1.7 NAME 1.7 NAME 1.8		STE#164	
CHY-ST-ZIP 14 CHY-ST-ZIP FT, MYERS, F	L 33907		
TONNA KENOYER NAME 11595 KELLY RD TONNA KENOYER 2 1 TITLE 2 1 TITLE VICE PRESIDE RANDY KEIM	NT	☐ Change	Addition
FT.MAYERS FK 33098 23 STREET ADDRESS 12995 S CLEV 24 City-St-Zip FT. MAYERS FK 33098		STE#164	
NAME BOB MCCLINTIC 11595 KELLY RD AUDELETE 3.1 THE TREASUR'ER TIM FIS'IER		Change	⊠ Addition
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NAME NAN OHARA 11595 KELLY RD NAME AND HARA 12 NAME AND HARA 12 NAME AND HARA 12 NAME AND HARA 13 DONN'N GAGE	2 3330,	☐ Change	X Addition
FT.MAYERS FL 33908 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 1.2995 S CLEVI		O 1 10 11 1 O 1	·
TITLE DELETE 5 TITLE FT. MYETCS, FT. NAME STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP	n 2390/	Change	☐ Addition
TITLE DELETE 6 1 TITLE NAME 6.2 NAME 6.2 PAGES ADDRESS		Change	☐ Addition

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(3)(k), 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.

6.4 CITY - ST - ZIP

SIGNATURE:

JEFFERYKEIM, PRESI _ JEFFERYKEIM, PRESIDENT

APREIL 16, 1996

941-936-5800

Daytime Phone #