

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **S80787** (2)
1. Corporation Name
INTERVAL RESORT PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**12995 S CLEVELAND AVE
STE 164
FT. MYERS FL 33907
US**

**12995 S CLEVELAND AVE
STE 164
FT. MYERS FL 33907
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1991

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DONNA SAGE
12995 CLEVELAND AVE
STE 164
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

84 City

TALLAHASSE

FL

85 Zip Code

32301

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

Change of Agent to above was filed on 11/26/97

Signature typed or printed (Name of Registered Agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **JEFFERY KEIM**
STREET ADDRESS **12995 S CLEVELAND AVE STE 164**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **V** ☐ DELETE
NAME **RANDY KEIM**
STREET ADDRESS **12995 S CLEVELAND AVE STE 164**
CITY-ST-ZIP **FT MYERS FL**

TITLE **T** ☐ DELETE
NAME **TIM FISHER**
STREET ADDRESS **12995 S CLEVELAND AVE STE 164**
CITY-ST-ZIP **FT MYERS FL**

TITLE **S** ☒ DELETE
NAME **DONNA SAGE**
STREET ADDRESS **12995 S CLEVELAND AVE STE 164**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **SD** ☒ Change ☒ Addition
4.2 NAME **RONDEAU, PATRICK E**
4.3 STREET ADDRESS **5295 TOWN CENTER RD #400**
4.4 CITY-ST-ZIP **BOCA RATON, FL 33486**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **GRAY, NICOLAS L**
5.3 STREET ADDRESS **5295 TOWN CENTER RD #400**
5.4 CITY-ST-ZIP **BOCA RATON, FL 33486**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **FERGUSON, DANNY L**
6.3 STREET ADDRESS **5295 TOWN CENTER RD #400**
6.4 CITY-ST-ZIP **BOCA RATON, FL 33486**

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.

SIGNATURE

PATRICK E. RONDEAU

11/26/97

APPROVED
AND
FILED

98 MAR -2 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (10/97)