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 AND FILED
95 MAY 22 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61601 (3)

1. Corporation Name
1810 DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
750 NW 10 TERR STUART FL 34995-2035 US	PO BOX 2032 STUART FL 34995-2032 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1992	3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0363508	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUSI, SAMUEL 1900 GLADES ROAD SUITE 280 BOCA RATON FL 33431	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 _______ DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CASSATLY, EDWARD, JR.	1.2 NAME	
STREET ADDRESS	901 MARTIN DOWNS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☒ Change ☐ Addition
NAME	FORBES, DONALD W.	2.2 NAME	
STREET ADDRESS	~~901 MARTIN DOWNS BLVD.~~	2.3 STREET ADDRESS	750 NW 10th TERR, P.O. BOX 2032
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(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] DONALD W. FORBES — 10 MAY 95 — (407) 692-2851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0465010 FF

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CORPORATION ANNUAL REPORT

1995

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Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # **V62112** **(0)**

1. Corporate Name

VACATION BREAK OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
21301 POWERLINE RD. STE. 103 BOCA RATON FL 33433	21301 POWERLINE RD. STE. 103 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1992	3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-3144205	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	

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

9. Name and Address of Current Registered Agent

DEPERGOLA, KELLY
9570 OLTIO PL OHIO PL
SUITE 103
BOCA RATON FL 33434

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 Section 607.1005 and/or 617.1808, 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 607.325, Florida Statutes.

SIGNATURE (Required if this is a change or addition of registered agent) (Registered Agent's signature required for reinstatement) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	PCOB	31 TITLE	☐ Change ☐ Addition
32 NAME	DEPERGOLA, THOMAS J	32 NAME	
33 STREET ADDRESS	21301 POWERLINE RD, SUITE 103	33 STREET ADDRESS	
34 CITY-ST-ZIP	BOCA RATON FL 33433	34 CITY-ST-ZIP	
35 TITLE	SO	35 TITLE	☐ Change ☐ Addition
36 NAME	DEPERGOLA, KELLY	36 NAME	
37 STREET ADDRESS	95700 ~~OLTIO PLACE~~ OHIO PL	37 STREET ADDRESS	
38 CITY-ST-ZIP	BOCA RATON FL	38 CITY-ST-ZIP	
39 TITLE		39 TITLE	☐ Change ☐ Addition
40 NAME		40 NAME	
41 STREET ADDRESS		41 STREET ADDRESS	
42 CITY-ST-ZIP		42 CITY-ST-ZIP	
43 TITLE		43 TITLE	☐ Change ☐ Addition
44 NAME		44 NAME	
45 STREET ADDRESS		45 STREET ADDRESS	
46 CITY-ST-ZIP		46 CITY-ST-ZIP	
47 TITLE		47 TITLE	☐ Change ☐ Addition
48 NAME		48 NAME	
49 STREET ADDRESS		49 STREET ADDRESS	
50 CITY-ST-ZIP		50 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this 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 with an asterisk (*) or an attachment with an asterisk.

SIGNATURE: Kelly DePergola Kelly DePergola 5/15 407-852-4137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Telephone Number

0202002 CP