

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751530

Entity Name: DRIFTWOOD VACATION VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**3150 SOUTH OCEAN DRIVE
VERO BEACH, FL 32963-1954**Current Mailing Address:**3150 SOUTH OCEAN DRIVE
VERO BEACH, FL 32963-1954**FEI Number: 59-2009911****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RADLET, JEANNE L
3150 OCEAN DR
VERO BCH, FL 32963 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	KATZIN, LOIS
Address	980 O'HARA DR
City-State-Zip:	ROCKLEDGE FL 32955
Title	PRESIDENT
Name	TINGOM, PETER S.
Address	440 W TROPICAL WAY
City-State-Zip:	PLANTATION FL 33317
Title	SECRETARY
Name	VOLKERT, LEON
Address	1854 HARTLAND CT
City-State-Zip:	BOWLING GREEN KY 42103

Title	DIRECTOR
Name	MARTINO, TONY
Address	1017 PARKWAY E
City-State-Zip:	UTICA NY 13501
Title	DIRECTOR
Name	MILLINER, PHYLLIS
Address	6839 MIDDLETON RD
City-State-Zip:	BOWLING GREEN KY 42206
Title	VP
Name	MARTINO, ANTHONY
Address	1126 HOOVER AVE
City-State-Zip:	UTICA NY 13501

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEON VOLKERT**SECRETARY****01/09/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date