

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000084583

Entity Name: CHICAGO TITLE TIMESHARE LAND TRUST, INC.

Current Principal Place of Business:

601 RIVERSIDE AVE
JACKSONVILLE, FL 32204

Current Mailing Address:

C/O MADELINE G. M. LOVEJOY
3210 EL CAMINO REAL STE 200
IRVINE, CA 92602 US

FEI Number: 36-4744078

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DP
Name QUIRK, RAYMOND R
Address 601 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32204

Title DCFO
Name PARK, ANTHONY J
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title VP/S
Name NEMZURA, MARJORIE
Address 10 S LASALLE ST STE 3100
City-State-Zip: CHICAGO IL 60603

Title VP/ASST TREASURER
Name SUPALO, MARILYN C. N.
Address 1701 VILLAGE CENTER CIRCLE
City-State-Zip: LAS VEGAS NV 89134

Title SVP
Name COHEN, ROB
Address 2400 MAITLAND CENTER PKWY STE 200
City-State-Zip: MAITLAND FL 32751

Title AVP
Name STEFFENS, ADDIE L
Address 2400 MAITLAND CENTER PKWY STE 110
City-State-Zip: MAITLAND FL 32751

Title AVP/AS
Name LOVEJOY, MADELINE GM
Address 3210 EL CAMINO REAL STE 200
City-State-Zip: IRVINE CA 92602

Title VP
Name BELLMAN, AMY L.
Address 10805 RANCHO BERNARDO RD STE 150
City-State-Zip: SAN DIEGO CA 92127

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MADELINE GM LOVEJOY

AVP/AS

02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AVP
Name MIHALENKO, ERICA D.
Address 2400 MAITLAND CENTER PKWY STE 110
City-State-Zip: MAITLAND FL 32751