2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2018
Secretary of State
CC8033108740

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Entity Name: AMBER VACATION REALTY, INC.

Current Principal Place of Business:

16000 W CHARLESTON BLVD
LAS VEGAS, NV 89135

Current Mailing Address:

16000 W CHARLESTON BLVD
LAS VEGAS, NV 89135 US

FEI Number: 65-0583523

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

F&L CORP.L
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202-5017 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	HOLMES, KEITH
Address	10600 W. CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	DIRECTOR, TREASURER
Name	LUU, LILLIAN
Address	16000 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	CEO
Name	FLASKEY, MICHAEL
Address	16000 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	SECRETARY
Name	COHEN, JASON
Address	16000 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	DIRECTOR, ASST. SECRETARY
Name	SHALMY, MICHAEL
Address	16000 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	PRESIDENT
Name	SIEGEL, KENNETH
Address	16000 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	CFO
Name	CRAGE, PETER
Address	16000 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	SVP
Name	CASSIN, LISA
Address	16000 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

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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: MICHAEL SHALMY ASSISTANT SECRETARY 04/30/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	KOTCH, GABRIEL
Address	16000 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	ASST. SECRETARY
Name	OLSANSKY, ALEX
Address	16000 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135