

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000001570

Entity Name: EVOLVE VACATION RENTAL NETWORK INC.**Current Principal Place of Business:**717 17TH STREET
STE 2100
DENVER, CO 80202**Current Mailing Address:**717 17TH STREET
STE 2100
DENVER, CO 80202 US**FEI Number:** 27-4745991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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	PRESIDENT/CEO
Name	EGAN, BRIAN W.
Address	100 N HIGH STREET
City-State-Zip:	DENVER CO 80218

Title	TREASURER/CFO
Name	LEVY, ROBERT A.
Address	4569 W. MONCRIEFF PLACE
City-State-Zip:	DENVER CO 80212

Title	SECRETARY
Name	KEENAN, MICHAEL J.
Address	405 WHITETAIL CIRCLE
City-State-Zip:	LAFAYETTE CO 80026

Title	GENERAL COUNSEL
Name	KEENAN, MICHAEL J.
Address	405 WHITETAIL CIRCLE
City-State-Zip:	LAFAYETTE CO 80026

Title	DIRECTOR
Name	SHERRY, ADAM J.
Address	155 N GILPIN STREET
City-State-Zip:	DENVER CO 80218

Title	DIRECTOR
Name	MYLOD, ROBERT
Address	480 PIERCE STREET
City-State-Zip:	BIRMINGHAM MI 48009

Title	CHAIRMAN OF THE BOARD
Name	MYLOD, ROBERT
Address	480 PIERCE STREET
City-State-Zip:	BIRMINGHAM MI 48009

Title	DIRECTOR
Name	EGAN, BRIAN W.
Address	100 N HIGH STREET
City-State-Zip:	DENVER CO 80218

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 J. KEENAN**SECRETARY****03/18/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date