2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29791

Entity Name: VACATION RESORTS INTERNATIONAL, INC.

Current Principal Place of Business:

23041 AVENIDA DE LA CARLOTA

SUITE 400

LAGUNA HILLS, CA 92653

Current Mailing Address:

23041 AVENIDA DE LA CARLOTA

SUITE 400

LAGUNA HILLS, CA 92653

FEI Number: 95-3700624 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD., #221E PALM BEACH GARDENS, FL 33410 US

SUITE 400

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

FILED Jan 15, 2014

Secretary of State

CC4171881828

Officer/Director Detail:

Title **DIRECTOR** Title PRESIDENT, CEO Name FRASER, ROY I Name GALLAGHER, LOREN

Address 23041 AVENIDA DE LA CARLOTA Address 23041 AVENIDA DE LA CARLOTA

SUITE 400

LAGUNA HILLS CA 92653 LAGUNA HILLS CA 92653 City-State-Zip: City-State-Zip:

DIRECTOR, EXECUTIVE VICE DIRECTOR, EXECUTIVE VICE Title Title

> **PRESIDENT PRESIDENT**

MARBERT, JEANETTE E. Name Name HARVEY. WILLIAM L. 6262 SUNSET DRIVE Address 6262 SUNSET DRIVE Address City-State-Zip: MIAMI FL 33143 MIAMI FL 33143 City-State-Zip:

Title SENIOR VICE PRESIDENT, Title SENIOR VICE PRESIDENT, COO

TREASURER Name SHILLING, STACEY Name GALEA, JOHN A.

Address 23041 AVENIDA DE LA CARLOTA Address 6262 SUNSET DRIVE SUITE 400

City-State-Zip: MIAMI FL 33143 City-State-Zip: LAGUNA HILLS CA 92653

Title ASST. SECRETARY Title SENIOR VICE PRESIDENT,

> **SECRETARY** Name WEST, JENNIFER A.

Name KINCKE, VICTORIA J. Address 6262 SUNSET DRIVE 6262 SUNSET DRIVE Address

City-State-Zip: MIAMI FL 33143 City-State-Zip: MIAMI FL 33143

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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.

01/15/2014 SIGNATURE: VICTORIA J. KINCKE SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title ASST. TREASURER

Name FERNANDEZ, EDUARDO M.

Address 6262 SUNSET DRIVE

City-State-Zip: MIAMI FL 33143