

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2005
Secretary of State**

DOCUMENT# 768114

Entity Name: FANTASYWORLD CLUB VILLAS HOME OWNERS' ASSOCIATION INC.

Current Principal Place of Business:

5041 WEST IRLO
BRONSON HWY
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

5041 WEST IRLO
BRONSON HWY
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 59-3320316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, KEN
5041 WEST IRLO
BRONSON HWY
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONATHAN, EJUWA
Address: 4702 STRATFORD LANE
City-St-Zip: EAGAN, MN 55123 US

Title: VP () Delete
Name: HILDEBRAND, CHARLES
Address: 621 DRIVER CIRCLE
City-St-Zip: KISSIMMEE, FL 34759 US

Title: ST () Delete
Name: WEINLAND, JEFF
Address: 5850 LAKEHURST DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: D () Delete
Name: ZYWICKI, HANK
Address: 2510 NW 53RD AVENUE
City-St-Zip: OCALA, FL 34482 US

Title: D () Delete
Name: RAMEZANIPOUR, CINDY
Address: 5005 KYNGS HEATH ROAD
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Delete
Name: COLLINS, KEN
Address: 5041 WEST IRLO HWY
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JONATHAN EJUWA

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date