

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768114

FILED  
Mar 12, 2007  
Secretary of State

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

**Current Principal Place of Business:**

5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

5005 KYNGS HEATH ROAD  
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  
5005 KYNGS HEATH ROAD  
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: SLADKEY, JOHN  
Address: 4409 WEST 111TH TERRACE  
City-St-Zip: LEAWOOD, KS 66211 US

Title: D ( ) Delete  
Name: COLLARD, DAVID  
Address: 1132 CLERIHUE TOAD  
City-St-Zip: PORT COQUITLAM, BC V3C6H2

**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: D (X) Change ( ) Addition  
Name: COLLARD, DAVID  
Address: 1132 CLERIHUE ROAD  
City-St-Zip: PORT COQUITLAM, BC V3C6H2

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/12/2007

Electronic Signature of Signing Officer or Director

Date