

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768114

FILED
Feb 10, 2009
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:

5005 KYNGS HEATH ROAD
KISSIMMEE, FL 34746 US

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

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:

I hereby certify that the information supplied with this filing does not qualify 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: JEFF WEINLAND

ST

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date