

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP -9 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 043112

1. Corporation Name
Vacation Villas @ FantasyWorld
Timeshare Owner's Association, Inc.

Principal Place of Business Mailing Address
4999 Kyngs Heath Blvd. 611 S. Atlantic Ave.
Kissimmee, FL 34746 New Smyrna
Beach, FL
32169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. 4999 Kyngs Heath Blvd.	21. Same	59-2063633	Not Applicable
22. Suite, Apt. #, etc.	22. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	23. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Kissimmee, FL	24. Kissimmee, FL	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. 34746	25. USA		
26. City	26. Country		
27. 34746	27. USA		
28. City	28. Country		
29. 34746	29. USA		
30. City	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President (D) <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colin Karmov	1.2 NAME	700002988337-1
STREET ADDRESS	4999 Kyngs Heath Blvd.	1.3 STREET ADDRESS	-09/15/99--01101--003
CITY-ST-ZIP	Kissimmee, FL 34746	1.4 CITY-ST-ZIP	****297.50 ****297.50
TITLE	Vice President (D) <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Bell	2.2 NAME	
STREET ADDRESS	4999 Kyngs Heath Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34746	2.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer (D) <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven P. Kosmas	3.2 NAME	
STREET ADDRESS	4999 Kyngs Heath Blvd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34746	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Colin Karmov

8/18/99

904-427-6892

CR2E034 (11/98)