2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43112

FILED May 05, 2004 Secretary of State

Entity Name: VACATION VILLAS AT FANTASYWORLD TIME-SHARE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4999 KYNGS HEATH BLVD. 5041 WEST IRLO BRONSON HIGHWAY

KISSIMMEE, FL 34746 KISSIMMEE, FL 34746

Current Mailing Address: New Mailing Address:

12179 S. APOPKA VINELAND ROAD 5041 WEST IRLO BRONSON HIGHWAY

#607 KISSIMMEE, FL 34746 ORLANDO, FL 32836

FEI Number: 59-3063633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOSMAS, JAMES COLLINS, KEN

111 LIVE OAK STREET 5041 WEST IRLO BRONSON HIGHWAY

NEW SMYRNA BEACH, FL 32168 US KISSIMMEE, FL 34746 US

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: KEN COLLINS 05/05/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: P (X) Change () Addition

 Name:
 ZYWICKI, HANK JR.
 Name:
 WEINLAND, JEFF

 Address:
 2510 NW 53RD AVE
 Address:
 7320 FAIRINGTON COURT

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 ORLANDO, FL 32819

Title: VPD () Delete Title: () Change () Addition

Name: BERNAS, WALTER Name:
Address: 81 CHURCH ST UNIT 1204 Address:
City-St-Zip: KITCHNER,ONTARIO CANADA, City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 EJUWA, JONATHAN
 Name:
 EJUWA, JONATHAN

 Address:
 4702 STRATFORD LANE
 Address:
 4702 STRATFORD LANE

 City-St-Zip:
 EACAN, MN 55123
 City-St-Zip:
 EAGAN, MN 55123

Title: MGRD () Delete Title: D (X) Change () Addition

Name: THOMPSON, ANDREW C Name: COLLINS, KEN
Address: 1051 SHINE AVE Address: 5041 WEST IRLO BRONSON HIGHWAY

City-St-Zip: MYRTLE BEACH, SC 29577 Address: 5041 WEST IRLO BRONSON HIGHWAY

City-St-Zip: KISSIMMEE, FL 34746

Title: D () Change (X) Addition

 Name:
 Name:
 SLADKEY, JOHN

 Address:
 Address:
 12812 LINDEN

 City-St-Zip:
 City-St-Zip:
 LEAWOOD, KS 66209

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: KEN COLLINS D 05/05/2004