

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43112

FILED
Apr 05, 2005
Secretary of State

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

Current Principal Place of Business:

5041 WEST IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

5041 WEST IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 59-3063633 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 HIGHWAY
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: WEINLAND, JEFF
Address: 7320 FAIRINGTON COURT
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: BERNAS, WALTER
Address: 81 CHURCH ST UNIT 1204
City-St-Zip: KITCHNER, ONTARIO CANADA,

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

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

Title: D () Delete
Name: SLADKEY, JOHN
Address: 12812 LINDEN
City-St-Zip: LEAWOOD, KS 66209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEINLAND, JEFF
Address: 7320 FAIRINGTON COURT
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change () Addition
Name: HENRY, ZYWICKI
Address: 2510 NW 53RD AVENUE ROAD
City-St-Zip: OCALA, FL 34482

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: JEFF WEINLAND

PD

04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date