2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43112

FILED Apr 28, 2006 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:		
5041 WEST IRLO BRONSON HIGHWAY KISSIMMEE, FL 34746				5005 KYNGS HEATH ROAD KISSIMMEE, FL 34746		
Current Mailing Address:				New Mailing Address:		
5041 WEST IRLO BRONSON HIGHWAY KISSIMMEE, FL 34746				5005 KYNGS HEATH ROAD KISSIMMEE, FL 34746		
El Number:	59-3063633	FEI Number Applied For()	FEI Nun	nber Not Appli	cable () Cert	ificate of Status Desired()
Name and	Address of C	Current Registered Agent:		Name and	Address of New I	Registered Agent:
COLLINS, KEN 5041 WEST IRLO BRONSON HIGHWAY KISSIMMEE, FL 34746 US				COLLINS, KEN 5005 KYNGS HEATH ROAD KISSIMMEE, FL 34746 US		
	named entity s of Florida.	submits this statement for the po	urpose o	f changing it	s registered office	or registered agent, or both,
SIGNATURE:						04/28/2006
	Electror	ic Signature of Registered Age	nt			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	PD () WEINLAND, JE 7320 FAIRINGT ORLANDO, FL	ON COURT		Title: Name: Address: City-St-Zip:	()Char	ge () Addition
Fitle: Name: Address: City-St-Zip:	HENRY, ZYWI	AVENUE ROAD		Title: Name: Address: City-St-Zip:	()Char	ge () Addition
Fitle: Name: Address: City-St-Zip:	STD () EJUWA, JONA 4702 STRATFO EAGAN, MN 58	PRD LANE		Title: Name: Address: City-St-Zip:	()Char	ge () Addition
Fitle: Name: Address: City-St-Zip:	D () SLADKEY, JOH 12812 LINDEN LEAWOOD, KS			Title: Name: Address: City-St-Zip:	VPD (X) Char SLADKEY, JOHN 12812 LINDEN LEAWOOD, KS 6620	nge () Addition
Fitle: Name: Address: Dity-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () Char COLLARD, DAVID 1132 CLERIHUE RO PORT COQUITLAM, I	

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: JEFF WEINLAND P 04/28/2006