

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 02, 2009  
Secretary of State**

DOCUMENT# N43112

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

**Current Principal Place of Business:**

5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

5005 KYNGS HEATH ROAD  
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  
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: PD ( ) Delete  
Name: WEINLAND, JEFF  
Address: 7320 FAIRINGTON COURT  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: ARTHUR, WASHINGTON  
Address: 456 MEADOW RIDGE DRIVE  
City-St-Zip: TALAHASSEE, FL 32312

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

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

Title: D ( ) Delete  
Name: FURLONG, RICHARD  
Address: 677 UNION STREET  
City-St-Zip: ROCKLAND, MA 02370

**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:

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

P

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date