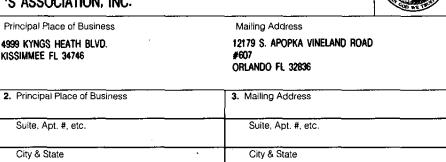
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43112

1. Entity Name

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



FILED Aug 14, 2003 8:00 am Secretary of State

08-14-2003 90074 027 ****61.25

ASSINANCE P. 3446 ORANDO R. 2888 Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Applied For Maxims CHANGES Applied For Maxims CHANGES City & State R. Coursey To Course To Coursey To Coursey To Course	Principal Place of Business		Mailing Address						
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite S		·····							
City & State Country S. Certificate of Statub Desired Street Address of New Registered Agent The above rearned entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I are familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I are familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I are familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I are familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I are familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I are familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I are familiar with, and accept the obligations of registered agent. SIGNATURE S	2. Principal Place of Business		3. Mailing Address						
Country Zip Country Zip Country S. Certificate of Status Dosined S8.75 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
S. Certificate of Status Deteind Fee Required F	City & State		City & State			4. FEI Number 59	-3063633	√	
KOSMAS, JAMES 111 LIVE OAK STREET NEW SMYRNA BEACH FL 32168 City FL Zip Code 6. 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. I am familiar with, and accept the colligions of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligions of registered agent. SIGNATURE SIGNA	Zip	Zip Country Zip		Country					
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indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: