

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43112

**FILED**  
**Jan 19, 2013**  
**Secretary of State**  
**CC1656332914**

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

**Current Principal Place of Business:**

5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746

**Current Mailing Address:**

5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746

**FEI Number: 59-3063633**

**Certificate of Status Desired: No**

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

COLLINS, KEN  
5005 KYNGS HEATH ROAD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WEINLAND, JEFF  
Address 7320 FAIRINGTON COURT  
City-State-Zip: ORLANDO FL 32819

Title D  
Name ARTHUR, WASHINGTON  
Address 456 MEADOW RIDGE DRIVE  
City-State-Zip: TALAHASSEE FL 32312

Title STD  
Name EJUWA, JONATHAN  
Address 4702 STRATFORD LANE  
City-State-Zip: EAGAN MN 55123

Title DIRECTOR  
Name SLADKEY, JOHN  
Address 12812 LINDEN  
City-State-Zip: LEAWOOD KS 66209

Title VP  
Name FURLONG, RICHARD  
Address 677 UNION STREET  
City-State-Zip: ROCKLAND MA 02370

*I hereby 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 all other like empowered.*

**SIGNATURE: JEFF WEINLAND**

**PRESIDENT**

**01/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date