

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743115

FILED
Apr 22, 2008
Secretary of State

Entity Name: VACATION VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10301 US HWY 27
CLERMONT, FL 347118927 US

New Principal Place of Business:

Current Mailing Address:

10301 US HWY 27
CLERMONT, FL 347118927 US

New Mailing Address:

FEI Number: 59-1843318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, JIMMY
1308 GRAND HIGHWAY
BANK FIRST BLDG 2ND FLOOR
CLERMONT, FL 374120848 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: SD () Delete
Name: MARCONI, PAUL II
Address: 17561 DEER ISLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: MARCONI, PAUL
Address: 863 WINTHROP DRIVE
City-St-Zip: EAST MEADOW, NY 11554

Title: PTD () Delete
Name: MUSCALUS, JOHN
Address: 4 SMOKE HOUSE LANE
City-St-Zip: HUMMELSTOWN, PA 17036

Title: D () Delete
Name: WAGNER, CRIS
Address: 11431 DWIGHT RD.
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: MARTIN, WALTER
Address: 8805 CHAUTAUQUA BLVD.
City-St-Zip: LAKEVIEW, OH 433319416

Title: D () Delete
Name: SINCLAIR, FRED
Address: 4057 E. ARNOLD LAKE RD.
City-St-Zip: HARRISON, MI 48625

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
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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: JOHN MUSCALUS

PTD

04/22/2008

Electronic Signature of Signing Officer or Director

Date