

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756161

FILED
Jan 23, 2007
Secretary of State

Entity Name: FANTASY ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2731 NORTH BEACH ROAD
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

C/O KEUKER TAX SERVICES, INC.
1401 S. MCCALL ROAD, UNIT 309-A
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 65-0054026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEUKER, OSCAR A.F.
KEUKER TAX SERVICES, INC.
1931 TAMiami TRAIL, SUITE 12
PORT CHARLOTTE, FL 33948 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: TD () Delete
Name: MARKOWSKI, ROY
Address: 2769 N BEACH RD., #105
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: SCHAFER, MICHAEL
Address: 2771 N. BEACH ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: CAMPBELL, LOIS
Address: 2767 N BEACH RD #
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD () Delete
Name: MANCINI, RAY
Address: 2767 N BEACH RD #212
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: KUKLA, GLORIA
Address: 2769 N. BEACH ROAD
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MURPHY, BRIAN
Address: 2729 N BEACH RD., #213
City-St-Zip: ENGLEWOOD, FL 34223

Title: D (X) Change () Addition
Name: STRYCHOWSKI, EDWARD
Address: 2731 N. BEACH ROAD #109
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD (X) Change () Addition
Name: CAMPBELL, LOIS
Address: 2767 N BEACH RD #103
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD (X) Change () Addition
Name: SUSALLA, LEON
Address: 4356 VIA DEL SANTI
City-St-Zip: VENICE, NY 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOIS CAMPBELL

TD

01/23/2007

Electronic Signature of Signing Officer or Director

Date