2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# 756161

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: DVP
Name: MURPHY, BRIAN
Address: 2729 N BEACH RD., #213
City-St-Zip: ENGLEWOOD, FL 34223

Title: STD
Name: STRYCHOWSKI, EDWARD
Address: 2731 N. BEACH ROAD #109
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD
Name: SCHAFER, MICHAEL
Address: 2771 N BEACH RD #204
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: EDWARDS, KEN
Address: 2769 N BEACH RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: ERNIE, SUDRON
Address: 2769 N BEACH RD #105
City-St-Zip: ENGLEWOOD, FL 34223

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: MICHAEL SCHAFER PRES 04/05/2010

Electronic Signature of Signing Officer or Director Date