

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756161

FILED  
Mar 27, 2012  
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: DVP  
Name: MURPHY, BRIAN  
Address: 2729 N BEACH RD., #213  
City-St-Zip: ENGLEWOOD, FL 34223

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

Title: TD  
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: OSCAR A KEUKER

CAM

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date