2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760831

FILED Apr 18, 2006 Secretary of State

Entity Name: FLORIDA VACATION VILLAS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DINCIANA BLV E, FL 3474652				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	DINCIANA BLV E, FL 3474652				
FEI Number:	59-2754606	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2777 N PO KISSIMME The above	ROBERT R PINCIANA BLV E, FL 34746 named entity se of Florida.	US	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUF					
		ic Signature of Registered Age		Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DUBOIS, ROBE 2777 N. POINC KISSIMMEE, FI	IANA BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GARRISON, EE 1312 KELSO B WINDERMARE	LVD	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	STD () POPPE, LESTE 737 RIDGEWO WINTER SPRIN	OD WAY	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VD () DESJARDINS, RT 1 BOX 563 ST CLOUD, FL	Delete DONALD,	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () VERKAIK, ROB 2777 N POINCI KISSIMMEE, FI	ANA BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROBERT R DUBOIS PD 04/18/2006