

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760831

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

2777 N POINCIANA BLVD
KISSIMMEE, FL 347465258

New Principal Place of Business:

Current Mailing Address:

2777 N POINCIANA BLVD
KISSIMMEE, FL 347465258

New Mailing Address:

FEI Number: 59-2754606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOIS, ROBERT R
2777 N POINCIANA BLVD
KISSIMMEE, FL 34746 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: PD () Delete
Name: DUBOIS, ROBERT R
Address: 2777 N. POINCIANA BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: STD () Delete
Name: GARRISON, EDWARD
Address: 2777 N POINCIANA BLVD.
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: DESJARDINS, DONALD
Address: 2777 N POINCIANA BLVD.
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: VERKAIK, ROBERT
Address: 2777 N POINCIANA BLVD.
City-St-Zip: KISSIMMEE, FL 34746

Title: () Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: KLIEN, ABBOT
Address: 2777 N POINCIANA BLVD.
City-St-Zip: KISSIMMEE, FL 34746

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: ROBERT R DUBOIS

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date