

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2005
Secretary of State**

DOCUMENT# 761754

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

Current Principal Place of Business:

2777 N POINCIANA BLVD
KISSIMMEE, FL 347465261 US

New Principal Place of Business:

Current Mailing Address:

2777 N POINCIANA BLVD
KISSIMMEE, FL 347465261 US

New Mailing Address:

FEI Number: 59-2754615 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: TSCHIDA, WILLIAM J.,
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: VD () Delete
Name: MAUGHAN, IAN,
Address: 2777 N. POINCIANA BLVD.
City-St-Zip: KISSIMMEE, FL 34746

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

04/27/2005

Electronic Signature of Signing Officer or Director

Date