

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761754

FILED  
Apr 22, 2009  
Secretary of State

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

Title: D ( ) Delete  
Name: LANE, EDWARD  
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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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