

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90048 038 ****61.25

DOCUMENT # 764803

1. Entity Name
MAGIC TREE RESORT CONDOMINIUM ASSOCIATION, INC.



40052637



Principal Place of Business
**C/O MAGIC TREE RESORT
 2795 N. OLD LAKE WILSON RD.
 KISSIMMEE, FL 34747**

Mailing Address
**C/O MAGIC TREE RESORT
 2795 N. OLD LAKE WILSON RD.
 KISSIMMEE, FL 34747**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03292007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**BAILEY, WILLIAM
 9326 PALM HAVEN CT
 NEW PORT RICHEY, FL 34655**

4. FEI Number
59-2313139

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William J. Bailey* DATE **April 3-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

2. Filing Fee is **\$61.25**
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMARCH, LEO 1300 N KELLOGG DR, STE B ANAHEIM, CA 92807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, ROBERT 1300 KELLOGG DRIVE, SUITE B ANAHEIM, CA 92807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIALS, CAROLIN 1300 N KELLOGG DR, STE B ANAHEIM, CA 92807 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLI, JOHN 1300 N KELLOGG DR, STE B ANAHEIM, CA 92807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paula DiPaola 1300 N.Kellogg Dr. Ste B Anaheim, CA 92807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeff Dixon 1300 N.Kellogg Dr. Ste B Anaheim, CA 92807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: *William J. Bailey* **WILLIAM J. BAILEY** **4-3-07** **727 492-0162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #