


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90224 018 \*\*\*\*61.25

<b>DOCUMENT # 764803</b> 1. Entity Name <b>MAGIC TREE RESORT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MAGIC TREE RESORT 2795 N. OLD LAKE WILSON RD. KISSIMMEE, FL 34747</b>			Mailing Address <b>C/O MAGIC TREE RESORT 2795 N. OLD LAKE WILSON RD. KISSIMMEE, FL 34747</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>BAILEY, WILLIAM 9326 PALM HAVEN CT NEW PORT RICHEY, FL 34655</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
8. 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <i>William J Bailey</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LAMARCH, LEO</b> <input checked="" type="checkbox"/> Delete <b>1300 N KELLOGG DR, STE B</b> <b>ANAHEIM, CA 92807</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Merrill, Richard</b> <b>1300 N Kellogg Dr Ste B</b> <b>Anaheim CA 92807</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JACKSON, ROBERT</b> <input checked="" type="checkbox"/> Delete <b>1300 KELLOGG DRIVE, SUITE B</b> <b>ANAHEIM, CA 92807</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S</b> <b>FRICKE, Richard</b> <b>1300 N Kellogg Dr Ste B</b> <b>Anaheim CA 92807</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KELLI, JOHN</b> <input type="checkbox"/> Delete <b>1300 N KELLOGG DR, STE B</b> <b>ANAHEIM, CA 92807</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>Kelly, John</b> <b>1300 N Kellogg Dr Ste B</b> <b>Anaheim CA 92807</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIPAOLA, PAULA</b> <input type="checkbox"/> Delete <b>1300 N KELLOGG DR STE B</b> <b>ANAHEIM, CA 92807</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V</b> <b>DIPAOLA, PAULA</b> <b>1300 N Kellogg Dr. Ste B</b> <b>Anaheim CA 92807</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIXON, JEFF</b> <input type="checkbox"/> Delete <b>1300 N KELLOGG DR, STE B</b> <b>ANAHEIM, CA 92807</b>		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"/> Delete    		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T</b> <b>Bailey, William</b> <b>1300 N Kellogg Dr Ste B</b> <b>Anaheim CA 92807</b>	
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.					
<b>SIGNATURE</b> <i>William J Bailey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	