

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764803

FILED
Mar 18, 2010
Secretary of State

Entity Name: MAGIC TREE RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2313139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, WILLIAM
9326 PALM HAVEN CT
NEW PORT RICHEY, FL 34655 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: D
Name: MERRILL, RICHARD
Address: 1300 N KELLOGG DR, STE B
City-St-Zip: ANAHEIM, CA 92807

Title: S
Name: FRICKE, RICHARD
Address: 1300 N KELLOGG DR, STE B
City-St-Zip: ANAHEIM, CA 92807

Title: PD
Name: KELLY, JOHN
Address: 1300 N KELLOGG DR, STE B
City-St-Zip: ANAHEIM, CA 92807

Title: V
Name: DIPAOLO, PAULA
Address: 1300 N KELLOGG DR STE B
City-St-Zip: ANAHEIM, CA 92807

Title: D
Name: DIXON, JEFF
Address: 1300 N KELLOGG DR, STE B
City-St-Zip: ANAHEIM, CA 92807

Title: T
Name: BAILEY, WILLIAM
Address: 1300 N KELLOGG DR, STE B
City-St-Zip: ANAHEIM, CA 92807

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM BAILEY

T

03/18/2010

Electronic Signature of Signing Officer or Director

_____ Date