2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 767649

Entity Name: FANTASY ISLAND RESORT II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3175 S.ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

4960 CONFERENCE WAY N.
SUITE 100
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-2441789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P ( ) Delete
Name: GUILFOYLE, RONALD
Address: 424 W CHRISTMAS RD S
City-St-Zip: CHRISTMAS, FL 32709

Title: V ( ) Delete
Name: KOTANSKY, ROSE MARIE
Address: 1853 8TH AVENUE
City-St-Zip: WATERVLIET, NY 12189

Title: STD ( ) Delete
Name: GASPER, RUTH
Address: 961 SANDLEWOOD DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: MCCARTHY, MARGARET
Address: 1851 8TH AVENUE
City-St-Zip: WATERVLIET, NY 12189

Title: D ( ) Delete
Name: LORENZ, CAL
Address: 113 CIRCLE DRIVE
City-St-Zip: COAL TOWNSHIP, PA 17866

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: GUILFOYLE, RONALD
Address: 424 W CHRISTMAS RD S
City-St-Zip: CHRISTMAS, FL 32709

Title: VP/D (X) Change ( ) Addition
Name: KOTANSKY, ROSE MARIE
Address: 1853 8TH AVENUE
City-St-Zip: WATERVLIET, NY 12189

Title: ST/D (X) Change ( ) Addition
Name: GASPER, RUTH
Address: 961 SANDLEWOOD DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: RONALD GUILFOYLE P/D 04/28/2009

Electronic Signature of Signing Officer or Director — Date