

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767649

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**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/D  
Name: GUILFOYLE, RONALD  
Address: 424 W CHRISTMAS RD S  
City-St-Zip: CHRISTMAS, FL 32709

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

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

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

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: BRIAN KOIVU

D

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date