

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767662

FILED
Apr 25, 2008
Secretary of State

Entity Name: FANTASY ISLAND RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3205 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 321186225

New Principal Place of Business:

Current Mailing Address:

3205 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 321186225

New Mailing Address:

FEI Number: 59-2277677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODWIN, MORRIS
3205 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32018 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 () Delete
Name: WILLIAMS, DON
Address: P.O. BOX 725 N/A
City-St-Zip: MERRITT ISL., FL

Title: S () Delete
Name: GOODWIN, MORRIS
Address: 150 DUNDEE ROAD, SUITE B
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: MATHEWS, SHIRLEY,
Address: 5825 NORDE DR., W.
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: HERMAN, RON
Address: 44529 LAKE MACK DR
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: COTE, LEON
Address: 1225 41ST ST
City-St-Zip: CANTON, OH 44709

Title: D () Delete
Name: LARSON, SALLY
Address: 324 NW 48 BLVD
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MISCO, ANTHONY
Address: 2398 OAKLYN ST. N.E.
City-St-Zip: PALM BAY, FL 32907

Title: S (X) Change () Addition
Name: GOODWIN, MORRIS
Address: 150 DUNDEE ROAD, SUITE B
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T (X) Change () Addition
Name: MATHEWS, SHIRLEY
Address: 5825 NORDE DR., W.
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BETHEA, WILBUR
Address: 4175 FALLING LEAF DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: MORRIS GOODWIN

SECR

04/25/2008

Electronic Signature of Signing Officer or Director

Date