2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767662

FILED Apr 27, 2011 Secretary of State

Entity Name: FANTASY ISLAND RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3205 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 321186225

Current Mailing Address: New Mailing Address:

3205 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 321186225

FEI Number: 59-2277677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODWIN, MORRIS 3205 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32018 US

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: [

 Name:
 BECKMAN, MYRA

 Address:
 2600 S. KANNER HWY, S-5

 City-St-Zip:
 STUART, FL 34994

Title: SD

Name: GOODWIN, MORRIS
Address: 150 DUNDEE ROAD, SUITE B
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TD

 Name:
 MATHEWS, ED

 Address:
 5825 NORDE DR., W.

 City-St-Zip:
 JACKSONVILLE, FL 32244

Title: PD

Name: WEBER, MIKE

Address: 522 SABAL TRAIL CIRCLE City-St-Zip: LONGWOOD, FL 32779

Title: VPD

Name: BETHEA, WILBUR Address: 4175 FALLING LEAF DR

City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: [

 Name:
 LARSON, SALLY

 Address:
 324 NW 48TH BLVD

 City-St-Zip:
 GAINESVILLE, FL 32607

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: MORRIS GOODWIN SD 04/27/2011