2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# F08000005139

Entity Name: FESTIVA RESORTS ADVENTURE CLUB MEMBERS' ASSOCIATION, INC.

Current Principal Place of Business:

ONE VANCE GAP ROAD
ASHEVILLE, NC 28805

New Principal Place of Business:

Current Mailing Address:

ONE VANCE GAP ROAD
ASHEVILLE, NC 28805

New Mailing Address:

FEI Number: 20-5241330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: CLAYTON, DONALD K
Address: 623 UPPER SONDLEY
City-St-Zip: ASHEVILLE, NC 28803

Title: D ( ) Delete
Name: PATRICK, HERBERT H JR.
Address: 306 VANDERBILT ROAD
City-St-Zip: ASHEVILLE, NC 28803

Title: PD ( ) Delete
Name: WEAS, TOBIAS A
Address: 369 SCARLET TANAGER CT
City-St-Zip: ARDEN, NC 28704

Title: VD ( ) Delete
Name: HORTON, WILL
Address: 21 MARLBOROUGH DRIVE
City-St-Zip: ASHEVILLE, NC 28805

Title: STD ( ) Delete
Name: SMITH, YVETTE S
Address: 131 N. TURKEY CREEK ROAD
City-St-Zip: LEICESTER, NC 28748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TOBIAS A. WEAS PRES 02/03/2009

Electronic Signature of Signing Officer or Director — Date