

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002565

FILED
Jan 26, 2012
Secretary of State

Entity Name: MAGIC LANDINGS ASSOCIATION, INC.

Current Principal Place of Business:

200 MAGICAL WAY
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

200 MAGICAL WAY
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 20-2031295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, SUE ANN
154 MAGIC LANDINGS BLVD
KISSIMMEE, FL 34744 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
Name: PEARCE, TONY
Address: 1926 MAGICAL LANE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP
Name: MITTAN, ANDY
Address: 224 MAGICAL WAY
City-St-Zip: KISSIMMEE, FL 34744 US

Title: S/T
Name: RYAN, SUE ANN
Address: 154 MAGIC LANDINGS BLVD
City-St-Zip: KISSIMMEE, FL 34744 US

Title: BM
Name: FITZPATRICK, BRIAN
Address: 1925 MAGICAL LANE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: BM
Name: MELENDEZ, JOSUE
Address: 223 MAGICAL WAY
City-St-Zip: KISSIMMEE, FL 34744 US

Title: BM
Name: CASTILLO, GRACE
Address: 265 MAGICAL WAY
City-St-Zip: KISSIMMEE, FL 34744

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: SUE ANN RYAN

S/T

01/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date