2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N01000008954

Entity Name: FANTASY WORLD CLUB VILLAS TIMESHARE PLAN OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5005 KYNGS HEATH RD.
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

ROUTE 209, P.O. BOX 447
BUSHKILL, PA 18324 US

New Mailing Address:

FEI Number: 60-0000213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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:	DP	( ) Delete
Name:	LAVELLE, KEVIN P	
Address:	PO BOX 447	
City-St-Zip:	BUSHKILL, PA 18324	
Title:	DV	( ) Delete
Name:	TURNER, MARK S	
Address:	PO BOX 447	
City-St-Zip:	BUSHKILL, PA 18324	
Title:	DS	( ) Delete
Name:	CASALE, THOMAS V	
Address:	PO BOX 447	
City-St-Zip:	BUSHKILL, PA 18324	
Title:	T	( ) Delete
Name:	LAVELLE, KEVIN P	
Address:	PO BOX 447	
City-St-Zip:	BUSHKILL, PA 18324	

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:	

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: THOMAS V. CASALE S 04/11/2008

Electronic Signature of Signing Officer or Director — Date