


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000006952</b> 1. Entity Name <b>FLORIDAYS ORLANDO RESORT CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>73 S. PALM AVENUE SUITE 223 SARASOTA, FL 34236</b>	Mailing Address <b>73 S. PALM AVENUE SUITE 223 SARASOTA, FL 34236</b>
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02152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0911734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>STEADMAN, GARY L 73 S. PALM AVENUE SUITE 223 SARASOTA, FL 34236</b>	<p style="font-size: 1.5em;"><b>DO NOT WRITE IN THIS SPACE</b></p>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>10. OFFICERS AND DIRECTORS</b>		<p style="font-size: 1.2em;">U00000705508 04/23/07-80055-016 125.00</p> <p style="font-size: 1.5em;"><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE	P	
NAME	ROGERS, ANGUS C	
STREET ADDRESS	73 S PALM AVE., STE 223	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Angus C. Rogers **Angus C. Rogers** 2/15/07 941-367-9377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #