## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 08:00 All Secretary of State

				٦	Secr	etary of Sta	
DOCUMENT # N0500006952  1. Entity Name FLORIDAYS ORLANDO RESORT CONDOMINIUM ASSOCIATION, INC.				Secretary or s			
Principal Place of Business 73 S. PALM AVENUE SUITE 223 SARASOTA, FL 34236		Mailing Address 73 S. PALM AVENUE SUITE 223 SARASOTA, FL 34236					
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DO NOT WOITE IN THE COA			OE.	01072008 No Ch	g-NP CR	2E037 (4/06)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 55-0911734		Applied For Not Applicable	
				5. Certificate of Status	s Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	t Registered Agent	1 .	<u> </u>			
STEADMAN, GARY L 73 S. PALM AVENUE SUITE 223 SARASOTA, FL 34236					T WRIT	•	
	named entity submits this statement tions of registered agent.  Signature, typed or printed name of registered age	for the purpose of changing its registe	ered office or register	d when rainstating)	<del>10000003365</del>		
<b>k</b>	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Fina     Trust Fund Contribution		.00 May Be led to Fees	<u> </u>	97013 O.A.CJ	
10.	OFFICERS AN	D DIRECTORS				gade a comme	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, ANGUS C 73 S PALM AVE., STE 223 SARASOTA, FL 34236	•	· TANK C.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		manda da series de la compansión de la comp La compansión de la compa	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			,				

12. Thereby 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 attaphment with an address, with all other like empowered.

SIGNATURE: 1

TIPLE NAME STREET ADDRESS

ALGUS C.ROGERS

ATTIBLE AND TYPED DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

es. 2/20/08

941.362.937

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