2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# N05000012571

Entity Name: LAKE BUENA VISTA RESORT VILLAGE I A HOTEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15591 APOPKA VINELAND ROAD
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

15591 APOPKA VINELAND ROAD
ORLANDO, FL 32821

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COHEN, LARRY S
15591 APOPKA VINELAND ROAD
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

SKY RESORT MANAGEMENT
7111 GRAND NATIONAL DRIVE, STE 101
ORLANDO, FL 32819 US

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: SKY RESORT MANAGEMENT 04/14/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: COHEN, LARRY S
Address: 15591 APOPKA VINELAND ROAD
City-St-Zip: ORLANDO, FL 32821

Title: DVP ( ) Delete
Name: SUTTON, ROBERT
Address: 6462 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33707

Title: STD ( ) Delete
Name: SUTTON, SAMUEL
Address: 1725 UNIVERSITY DRIVE SUITE 450
City-St-Zip: CORAL SPRINGS, FL 33071

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY COHEN DP 04/14/2006
Electronic Signature of Signing Officer or Director Date