

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23782

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** THE SPAS AT RESORT WORLD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2830 N. POINCIANA BLVD  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

4700 MILLENIA BLVD  
SUITE 600  
ORLANDO, FL 32839 US

**New Mailing Address:**

**FEI Number:** 59-2907572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEYERS, JARED M  
4700 MILLENIA BLVD  
SUITE 600  
ORLANDO, FL 32839 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: DPS ( ) Delete  
Name: MEYERS, JARED M  
Address: 4700 MILLENIA BLVD, SUITE 600  
City-St-Zip: ORLANDO, FL 32839 US

Title: DVPT ( ) Delete  
Name: LEWIS, CRAIG  
Address: 4700 MILLENIA BLVD, SUITE 600  
City-St-Zip: ORLANDO, FL 32839 US

Title: D (X) Delete  
Name: MEYERS, NEIL S  
Address: 4700 MILLENIA BLVD, SUITE 600  
City-St-Zip: ORLANDO, FL 32839 US

**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 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: JARED M. MEYERS

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date