2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N29966

Entity Name: ORLANDO'S SUNSHINE RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5473 DEL VERDE WAY
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

4960 CONFERENCE WAY N
SUITE 100
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-2916897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P ( ) Delete
Name: TURNER, DEBORAH
Address: 3527 ACRE COURT
City-St-Zip: LAKE MARY, FL 32746

Title: STD ( ) Delete
Name: BASYE, LEON
Address: 4960 CONFERENCE WAY N STE 100
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: TURNER, DEBORAH
Address: 3527 ACRE COURT
City-St-Zip: LAKE MARY, FL 32746

Title: VP/D (X) Change ( ) Addition
Name: BLEVINS, ANGELA
Address: 3500 DEPAUW BLVD., STE. 2039
City-St-Zip: INDIANAPOLIS, IN 46268

Title: ST/D ( ) Change (X) Addition
Name: DODD, CONNIE
Address: 4960 CONFERENCE WAY NORTH, STE. 100
City-St-Zip: BOCA RATON, FL 33431

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: ANGELA BLEVINS VP/D 04/27/2009

Electronic Signature of Signing Officer or Director — Date