

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90161 024 \*\*\*\*61.25

**DOCUMENT # 749753**

1. Entity Name

**FAIRVIEW VISTA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**4004 EDGEWATER DRIVE  
ORLANDO FL 32804-2387**

Mailing Address

**4004 EDGEWATER DRIVE  
SUITE 130  
ORLANDO FL 32804-2387**

2. Principal Place of Business

**VISTA COMMUNITY ASSOCIATION**

Suite, Apt. #, etc.

**225 S. WESTMONTE DR, #2050**

3. Mailing Address

**P.O. BOX 161606**

Suite, Apt. #, etc.

City & State

**ALTA MONTE SPRINGS, FL**

City & State

**ALTA MONTE SPRINGS FL**

Zip

**32714**

Country

**SEMINOLE**

Zip

**32716-1606 SEMINOLE**

Country

**SEMINOLE**

4. FEI Number **59-2021943**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MARY RIVERA ASSET REAL ESTATE INC  
4004 EDGEWATER DRIVE  
ORLANDO FL 32804-2837**

7. Name and Address of New Registered Agent

Name **Ellen R. Wornack**

Street Address (P.O. Box Number is Not Acceptable)

**225 S. WESTMONTE DRIVE, SUITE 2050**

City

**ALTA MONTE SPRINGS**

FL

Zip Code

**32714**

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

**Ellen R. Wornack**

**Ellen R. Wornack**

**2/18/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **TUELL, PHYLLIS**  
STREET ADDRESS **4109 FAIRVIEW VISTA POINT 313**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PD** ☐ Delete  
NAME **TOBIN, ANTHONY**  
STREET ADDRESS **4101 FAIRVIEW VISTA POINT 127**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **SD** ☒ Delete  
NAME **JONES, CLIFF**  
STREET ADDRESS **4117 FAIRVIEW VISTA POINT 102**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☒ Delete  
NAME **SIECK, LILITH**  
STREET ADDRESS **100 E. SYBELIA AVE. #130**  
CITY-ST-ZIP **MATLAND FL 32751**

TITLE **D** ☐ Delete  
NAME **FIKE, LOUISE**  
STREET ADDRESS **4101 FAIRVIEW VISTA POINT 233**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **TD** ☐ Delete  
NAME **LANDFAIR, KATHERINE**  
STREET ADDRESS **4113 FAIRVIEW VISTA POINT 112**  
CITY-ST-ZIP **ORLANDO FL 32804**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **JENSEN, BRUCE**  
STREET ADDRESS **4113 FAIRVIEW VISTA POINT 209**  
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Secretary/Director**  
STREET ADDRESS **FIKE, LOUISE**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**KATHERINE LANDFAIR**

**2/17/03**

**407-682-3443**

CR2E037 (10/02)