

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # 755715 (0)
1. Corporation Name
VISTANA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 13800 STATE ROAD 535 ORLANDO FL 32821-6350 US
Mailing Address: P.O. BOX 22197 LAKE BUENA VISTA FL 32830-2197 US

3. Date Incorporated or Qualified: 12/30/1980
3a. Date of Last Report: 03/09/1995
4. FEI Number: 59-2045365
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23): Suite, Apt. #, etc., City & State, Zip, Country
2a. Mailing Address (26-30): Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent (81-85): Name, Street Address, City, State (FL), Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | TD THOMAS, THORP S. 13800 STATE ROAD 535 ORLANDO FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, THORP S. | 1.2 NAME | |
| STREET ADDRESS | 13800 STATE ROAD 535 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD WASSERMAN, JOEL 829 MOSELY ROAD HIGHLAND PARK IL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WASSERMAN, JOEL | 2.2 NAME | |
| STREET ADDRESS | 829 MOSELY ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIGHLAND PARK IL | 2.4 CITY-ST-ZIP | |
| TITLE | SD OTTG, ROSEMARY-K 13800 STATE ROAD 5535 ORLANDO FL | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OTTG, ROSEMARY-K | 3.2 NAME | Hanousek, William |
| STREET ADDRESS | 13800 STATE ROAD 5535 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | VPD FALATEK FRANCIS A 6 WINDY WAY SMYRNA DE 19977 | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALATEK FRANCIS A | 4.2 NAME | |
| STREET ADDRESS | 6 WINDY WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SMYRNA DE 19977 | 4.4 CITY-ST-ZIP | |
| TITLE | VPD LESICK, MICHAEL D 194 COUNTRY CLUB LANE FT. JOHNSON NY | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LESICK, MICHAEL D | 5.2 NAME | |
| STREET ADDRESS | 194 COUNTRY CLUB LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. JOHNSON NY | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thorpe S. Thomas 3-26-96 (407) 239-3019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)