FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

FILED

Secretary of State

Apr 12 1996 8:00 am

(12/95)

1996 DOCUMENT #

1. Corporation Name

Principal Place of Business

SIGNATURE:

755715

(0)

Mailing Address

VISTANA CONDOMINIUM ASSOCIATION, INC.

13800 STATE ROAD 535 P.O. BOX 22197 ORLANDO FL 32821-6350 LAKE BUENA VISTA FL 32830-2197 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1980 03/09/1995 2. Principal Place of Business 4. FEI Number Mailino Address Applied For 21 26 59-2045365 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 83 PLANTATION FL 33324 City 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change | ☐ Addition NAME 1.2 NAME THOMAS, THORP S. **CR2E037** STREET ADDRESS 13800 STATE ROAD 535 1.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE ☐ Change Addition NAME WASSERMAN, JOEL 2.2 NAME STREET ADDRESS 829 MOSELY ROAD 2.3 STREET ADDRESS CITY-ST-ZIP HIGHLAND PARK II 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME OTTS: 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 DELETE **VPN** 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME FALATEK FRANCIS A STREET ADDRESS **6 WINDY WAY** 4.3 STREET ADDRESS CITY-SI-ZIP SMYRNA DE 19977 44 CITY-ST-ZIP TITLE DELETE 5.1 THILE Change ☐ Addition NAME 5.2 NAME LESICK, MICHAEL D STREET ADDRESS 194 COUNTRY CLUB LANE 5.3 STREET ADDRESS CITY-ST-ZIP FT. JOHNSON NY 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ■ Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP

6.4 CITY-\$1-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 path; 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR