

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 755715 (0)

1. Corporation Name
VISTANA CONDOMINIUM ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: **12/30/1980**
4. FEI Number: **59-2045365**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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) fields for Name, Street Address, City, and 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	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	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, JOEL	2.2 NAME	
STREET ADDRESS	829 MOSELEY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK FL 60035	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HNAOUSEK, WILLIAM	3.2 NAME	
STREET ADDRESS	400 EAST 67TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALATEK, FRANCIS	4.2 NAME	
STREET ADDRESS	6 WINDY WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SYMRNA DE 19977	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESICK, MICHAEL	5.2 NAME	
STREET ADDRESS	194 COUNTRY CLUB LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. JOHNSON NY 12070-1406	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	

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[Handwritten Signature]

14. 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 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: *[Handwritten Signature]* **THORP THOMAS** 1-13-98 (407)239-3019

CR2E037 (10/97)