


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90037 036 ****70.00

DOCUMENT # 755715					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRADE, ROBERT		NAME		
STREET ADDRESS	1 ANCHOR WAY		STREET ADDRESS		
CITY-ST-ZIP	RIVERSIDE, RI 02915		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, JOEL		NAME	WASSERMAN, JOEL	
STREET ADDRESS	829 MOSELEY ROAD		STREET ADDRESS	829 MOSELEY ROAD	
CITY-ST-ZIP	HIGHLAND PARK, IL 60035		CITY-ST-ZIP	HIGHLAND PARK, IL 60035	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANOUSEK, WILLIAM		NAME	HANOUSEK, WILLIAM	
STREET ADDRESS	25-42 42ND STREET		STREET ADDRESS	25-42 42ND STREET	
CITY-ST-ZIP	ASTORIA, NY 11103		CITY-ST-ZIP	ASTORIA, NY 11103	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALATEK, FRANCIS		NAME	FALATEK, FRANCIS	
STREET ADDRESS	8 WINDY WAY		STREET ADDRESS	6 WINDY WAY	
CITY-ST-ZIP	SYMRNA, DE 19977		CITY-ST-ZIP	SYMRNA, DE 19977	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESICK, MICHAEL		NAME	LESICK, MICHAEL	
STREET ADDRESS	62 HILL ROAD		STREET ADDRESS	62 HILL ROAD	
CITY-ST-ZIP	GOSHEN, NY 10924		CITY-ST-ZIP	GOSHEN, NY 10924	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: MICHAEL LESICK				01-12-05 845-294-3810	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

40010609



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2045365

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL

Zip Code