

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:27

DOCUMENT # 761612 (1)
1. Corporation Name
ULTRA VISTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
DEER RUN REALTY DEER RUN REALTY
142 WILSHIRE BLVD 142 WILSHIRE BLVD
CASSELBERRY FL 32707 CASSELBERRY FL 32707
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/26/1982 03/17/1994
4. FEI Number Applied For
59-2496126 Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 ISLAND COMMUNITY MGMT, INC. ISLAND COMMUNITY MGMT, INC.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 495 SONILAND AVENUE 27 495 SONILAND AVENUE
City & State City & State
23 LONGWOOD, FL 28 LONGWOOD, FL
Zip Country Zip Country
24 32750 25 USA 29 32750 30 USA

9. Name and Address of Current Registered Agent
BARBER, FRANK P
DEER RUN REALTY & MANAGEMENT
142 WILSHIRE BLVD
CASSELBERRY FL 30707

10. Name and Address of New Registered Agent
81 Name ISLAND COMMUNITY MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 495 SONILAND AVENUE
83
84 City LONGWOOD FL 85 Zip Code 32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Grace S. Witherell GRACE S. WITHERELL 2-13-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when nonexisting) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> P/D
NAME	DONAHUE, DENNIS
STREET ADDRESS	553 FINCHLEY RD
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	<input checked="" type="checkbox"/>
NAME	PETERSON, CHRIS
STREET ADDRESS	1980 KENASTON RD
CITY-ST-ZIP	MAITLAND FL
TITLE	<input checked="" type="checkbox"/>
NAME	HORTON, BUNNY
STREET ADDRESS	547 FINCHLEY RD
CITY-ST-ZIP	MAITLAND FL
TITLE	<input checked="" type="checkbox"/> D/S
NAME	CAVETT, NANCY
STREET ADDRESS	556 FINCHLEY RD
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	<input checked="" type="checkbox"/> D
NAME	BOATNER, JOYCE
STREET ADDRESS	544 FINCHLEY RD.
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	<input checked="" type="checkbox"/> S/HANLEY, BETTY D/
NAME	SHANLEY, BETTY
STREET ADDRESS	541 FINCHLEY ROAD
CITY-ST-ZIP	MAITLAND, FL 32751

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T/P DI BATTISTA, LINDA
3.3 STREET ADDRESS	1990 KENASTON ROAD
3.4 CITY-ST-ZIP	MAITLAND, FL 32751
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VR/P SHANLEY, BETTY
6.3 STREET ADDRESS	541 FINCHLEY ROAD
6.4 CITY-ST-ZIP	MAITLAND, FL 32751

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 118.07(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 (checked) or on attachment with an address.

SIGNATURE: X DEDDIS DONAHUE, PRES. 3/16/95 (407)321-8228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #