

**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

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



Principal Place of Business Mailing Address  
**495 SUNILAND AVE LONGWOOD FL 32750 US** **495 SUNILAND AVE LONGWOOD FL 32750 US**

3. Date Incorporated or Qualified **01/26/1982** 3a. Date of Last Report **03/22/1995**  
4. FEI Number **59-2496126** Applied For 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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**WITHERELL, GRACE S.  
495 SUNILAND AVE  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DONAHUE, DENNIS	<input checked="" type="checkbox"/> DELETE	11 TITLE
NAME	553 FINCHLEY RD		12 NAME
STREET ADDRESS	MAITLAND FL		13 STREET ADDRESS
CITY-ST-ZIP			14 CITY-ST-ZIP
TITLE	<del>PD</del> PD	<input type="checkbox"/> DELETE	21 TITLE
NAME	SHANLEY, BETTY		22 NAME
STREET ADDRESS	541 FINCHLEY RD		23 STREET ADDRESS
CITY-ST-ZIP	MAITLAND FL		24 CITY-ST-ZIP
TITLE	TD	<input checked="" type="checkbox"/> DELETE	31 TITLE
NAME	DIBATTISTA, LINDA		32 NAME
STREET ADDRESS	1990 KENASTON RD		33 STREET ADDRESS
CITY-ST-ZIP	MAITLAND FL		34 CITY-ST-ZIP
TITLE	DS	<input type="checkbox"/> DELETE	41 TITLE
NAME	CAVETT, NANCY		42 NAME
STREET ADDRESS	556 FINCHLEY RD		43 STREET ADDRESS
CITY-ST-ZIP	MAITLAND FL		44 CITY-ST-ZIP
TITLE	<del>VPD</del> VPD	<input type="checkbox"/> DELETE	51 TITLE
NAME	BOATNER, JOYCE		52 NAME
STREET ADDRESS	544 FINCHLEY RD.		53 STREET ADDRESS
CITY-ST-ZIP	MAITLAND FL		54 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

Change  Addition  
**PD**  Change  Addition  
**TD**  Change  Addition  
**PARKER, WILLIAM**  
**1980 KENASTON ROAD**  
**MAITLAND, FL 32751**  
 Change  Addition  
**VPD**  Change  Addition  
 Change  Addition  
**D**  
**MILLER, MARK**  
**555 FINCHLEY ROAD**  
**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 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: \_\_\_\_\_ PRESIDENT  
Date: **3-1-96** (404) 322-8228  
System Phone #

CR2E037 (12/95)