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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32750-6337 US

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

3. Date Incorporated or Qualified 01/26/1982 3a. Date of Last Report 03/15/1996
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

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 _____ (NC*) Registered Agent signature required when re-registering. DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DONAHUE, DENNIS	
STREET ADDRESS	553 FINCHLEY RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHANLEY, BETTY	
STREET ADDRESS	541 FINCHLEY RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARKER, WILLIAM	
STREET ADDRESS	1980 KENASTON ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CAVETT, NANCY	
STREET ADDRESS	558 FINCHLEY RD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOATNER, JOYCE	
STREET ADDRESS	544 FINCHLEY RD.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, MARK	
STREET ADDRESS	555 FINCHLEY ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ENGLE, MARLENE	
1.3 STREET ADDRESS	1996 KENASTON ROAD	
1.4 CITY-ST-ZIP	MAITLAND, FL 327	
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	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Mark Miller* *Mark Miller, Inc* *3/18/97*

CR2E037 (9/96)