


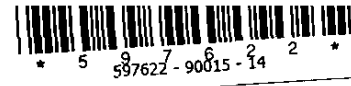
FILE NOW: FILING FEE IS \$61.25

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Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 761612		
1. Corporation Name ULTRA VISTA CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 495 SUNILAND AVE LONGWOOD FL 32750 US	Mailing Address PO BOX 520607 LONGWOOD FL 32752-607 US	



2. Principal Place of Business 21 2209 SEELY DRIVE Suite, Apt. #, etc. 22 ORLANDO, FL City & State 23 32808 Zip 24	2a. Mailing Address 26 CLASSIC PROPERTY MGMT Suite, Apt. #, etc. 27 PO BOX 680077 City & State 28 ORLANDO, FL Zip 29 32868-0077 Country	3. Date Incorporated or Qualified 01/26/1982 4. FEI Number 59-2496126 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 BOWES, KAREN 82 2209 SEELY DRIVE 83 ORLANDO 84 FL 85 32808 City Zip Code
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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: *Grace S. Witherell* *KAREN BOWES* DATE: **7/20/99**

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	SD <input type="checkbox"/> DELETE	1.1 TITLE	FRABOTTA, ALYD (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLER, MARLENE	1.2 NAME	1984 KENASTON RD
STREET ADDRESS	1996 KENASTON RD	1.3 STREET ADDRESS	MAITLAND, FL 32751
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	HIRSH, MARY JO (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANLEY, BETTY	2.2 NAME	1994 KENASTON RD
STREET ADDRESS	541 FINCHLEY RD	2.3 STREET ADDRESS	MAITLAND, FL 32751
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, WILLIAM	3.2 NAME	
STREET ADDRESS	1980 KENASTON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATNER, JOYCE	4.2 NAME	
STREET ADDRESS	544 FINCHLEY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, EUGENE	5.2 NAME	
STREET ADDRESS	557 FINCHLEY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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, with all other like empowered.

SIGNATURE: *Betty Shanley* **BETTY SHANLEY** DATE: **4/14/99** DAYTIME PHONE #: **407-644-7149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)