

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90070 011 \*\*\*\*61.25

**DOCUMENT # 761612**

1. Entity Name

**ULTRA VISTA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2209 SEELY DR  
 ORLANDO FL 32808  
 US

CLASSIC PROPERTY MGMT  
 PO BOX 680097  
 ORLANDO FL 32868-0097  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

190 N. Westmonte Dr.

190 N. Westmonte Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Attamonte Springs FL

Attamonte Springs FL

Zip

Zip

32714

Country

US

32714

Country

US

4. FEI Number

59-2496126

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWES, KAREN  
 2209 SEELY DR  
 ORLANDO FL 32808

Name Marilyn Campbell

Street Address (P.O. Box Number is Not Acceptable)

190 N. Westmonte Dr. Suite 100

City Attamonte Springs FL Zip Code 32714

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.

SIGNATURE

*Marilyn Campbell*

3/1/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
SD	ENGLER, MARLENE	1996 KENASTON RD	MAITLAND FL 32751	<input checked="" type="checkbox"/>
PD	SHANLEY, BETTY	541 FINCHLEY RD	MAITLAND FL 32751	<input checked="" type="checkbox"/>
D	FRABOTA, ALYN	1984 KENASTON RD	MAITLAND FL 32751	<input type="checkbox"/>
D	HIRSH, MARY JO	1994 KENASTON RD	MAITLAND FL 32751	<input checked="" type="checkbox"/>
TD	ROBERTS, EUGENE	557 FINCHLEY ROAD	MAITLAND FL 32751	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
T/D	CURTIS CARSWELL	1982 KENASTON RD	MAITLAND FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MATHEW MILLER	1980 KENASTON RD	MAITLAND FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/D	NANCY CAVETT	556 FINCHLEY RD	MAITLAND FL 32751	<input type="checkbox"/>	<input type="checkbox"/>
P/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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 empowers.

SIGNATURE:

*Alyn Frabota*

3/28/00

407-862-7250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x312