

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jun 09, 2005  
Secretary of State**

DOCUMENT# 761612

**Entity Name:** ULTRA VISTA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**190 N WESTMONTE DRIVE  
STE 100  
ALTAMONTE SPRINGS, FL 32714 US**New Principal Place of Business:**225 S WESTMONTE DRIVE  
STE 3310  
ALTAMONTE SPRINGS, FL 32714 US**Current Mailing Address:**190 N WESTMONTE DRIVE  
STE 100  
ALTAMONTE SPRINGS, FL 32714 US**New Mailing Address:**P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-2496126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**CAMPBELL, MARILYN  
190 N WESTMONTE DR STE 100  
ALTAMONTE SPRINGS, FL 32714 US**Name and Address of New Registered Agent:**WOMACK, ELLEN R  
225 S WESTMONTE DR  
STE 3310  
ALTAMONTE SPRINGS, FL 32714 US

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: ELLEN WOMACK

06/09/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: MASSARO, ELLIE D  
Address: 546 FINCHLEY RD  
City-St-Zip: MAITLAND, FL 32751Title: T ( ) Delete  
Name: AGOSTINELLI, CHARLES  
Address: 1992 KENASTON AVENUE  
City-St-Zip: MAITLAND, FL 32751Title: V ( ) Delete  
Name: LEROY, JR, EDMUND W  
Address: 557 FINCHLEY RD  
City-St-Zip: MAITLAND, FL 32751Title: PD ( ) Delete  
Name: HIRSH, MARY JO  
Address: 1994 KENASTON RD  
City-St-Zip: MAITLAND, FL 32751Title: SD ( ) Delete  
Name: NAGY, COLEEN E  
Address: 1998 KENASTON RD  
City-St-Zip: MAITLAND, FL 32751**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN WOMACK

A

06/09/2005

Electronic Signature of Signing Officer or Director

Date