

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761612

FILED
Apr 28, 2008
Secretary of State

Entity Name: ULTRA VISTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 59-2496126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S.WESTMONTE DR
STE. 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: MASSARO, ELLIE D
Address: 546 FINCHLEY ROAD
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: AGOSTINELLI, CHARLES
Address: 1992 KENASTON ROAD
City-St-Zip: MAITLAND, FL 32751

Title: DP () Delete
Name: NAGY, COLLEEN
Address: 1998 KENASTON ROAD
City-St-Zip: MAITLAND, FL 32751

Title: DS () Delete
Name: HAUS, BARRETT
Address: 550 FINCHLEY ROAD
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: ESTES, KELLY
Address: 543 FINCHLEY 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: DS (X) Change () Addition
Name: ESTES, KELLY
Address: 543 FINCHLEY ROAD
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: HOBBY, GRETCHEN
Address: 1990 KENASTON ROAD
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: COLEEN NAGY

DP

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date