


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90160 020 ****61.25

DOCUMENT # 761612

1. Entity Name
ULTRA VISTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**190 N WESTMONTE DRIVE
STE 100
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address
**190 N WESTMONTE DRIVE
STE 100
ALTAMONTE SPRINGS FL 32714
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2496126**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, MARILYN
190 N WESTMONTE DR STE 100
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOATNER, JOYCE	
STREET ADDRESS	544 FINCHLEY RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARNES, BOB	
STREET ADDRESS	550 FINCHLEY RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRABOTA, ALYN	
STREET ADDRESS	1984 KENASTON RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAVETT, NANCY	
STREET ADDRESS	556 FINCHLEY RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Agostinelli	
STREET ADDRESS	1992 Kenaston Avenue	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Joswick	
STREET ADDRESS	1986 Kenaston Road	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE: *[Signature]* 4/7/03 (707) 862-2250

CR2E037 (10/02)