FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:02

DOCUMENT # 755715 (0)

1. Corporation Name
VISTANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13500 STATE RD.535 ORLANDO FL 32821-6350	13500 STATE RD.535 ORLANDO FL 32821-6350

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1980
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2045365 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 13800 State Road 535	26 P.O. Box 22197
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Lake Buena Vista, FL
Zip / Country 24 / 25	Zip / Country 29 32830-2197 / 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	TD	1.1 TITLE		☒ Change ☐ Addition
NAME	THOMAS, THORP S.	1.2 NAME		
STREET ADDRESS	13500 STATE ROAD 535	1.3 STREET ADDRESS	13800 State Road 535	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	WASSERMAN, JOEL	2.2 NAME		
STREET ADDRESS	500 ROMONA RD	2.3 STREET ADDRESS	829 Mosely Road	
CITY-ST-ZIP	WILMETTE IL 60091	2.4 CITY-ST-ZIP	Highland Park, IL 60035	
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	OTTS, ROSEMARY K	3.2 NAME		
STREET ADDRESS	13500 ST RD 535	3.3 STREET ADDRESS	13800 State Road 535	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE		☐ Change ☐ Addition
NAME	FALATEK FRANCIS A	4.2 NAME		
STREET ADDRESS	6 WINDY WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	SMYRNA DE 19977	4.4 CITY-ST-ZIP		
TITLE	VPD	5.1 TITLE		☒ Change ☐ Addition
NAME	LESICK, MICHAEL D	5.2 NAME		
STREET ADDRESS	29 MOHAWK DR	5.3 STREET ADDRESS	194 Country Club Lane	
CITY-ST-ZIP	TRIBES HILL N.	5.4 CITY-ST-ZIP	Ft. Johnson, NY 10270	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 3/3/95 (407) 239-3019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thorp S. Thomas, Treasurer

0004302