# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2006**
**Secretary of State**

DOCUMENT# 755715

**Entity Name:** VISTANA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13800 STATE ROAD 535
ORLANDO, FL 32821 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22197
LAKE BUENA VISTA, FL 328302197 US

**New Mailing Address:**

**FEI Number: 59-2045365** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VPD ( ) Delete
Name: ANDRADE, ROBERT
Address: 1 ANCHOR WAY
City-St-Zip: RIVERSIDE, RI 02915

Title: SD ( ) Delete
Name: WASSERMAN, JOEL
Address: 829 MOSELEY ROAD
City-St-Zip: HIGHLAND PARK, IL 60035

Title: VPD ( ) Delete
Name: HANOUSEK, WILLIAM
Address: 25-42 42ND STREET
City-St-Zip: ASTORIA, NY 11103

Title: TD ( ) Delete
Name: FALATEK, FRANCIS
Address: 6 WINDY WAY
City-St-Zip: SYMRNA, DE 19977

Title: PD ( ) Delete
Name: LESICK, MICHAEL
Address: 62 HILL ROAD
City-St-Zip: GOSHEN, NY 10924

**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 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: MICHAEL LESICK PD 05/02/2006

Electronic Signature of Signing Officer or Director — Date