

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90061 039 ****70.00

DOCUMENT # 755715

1. Entity Name

VISTANA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**13800 STATE ROAD 535
ORLANDO FL 32821
US**

Mailing Address

**P.O. BOX 22197
LAKE BUENA VISTA FL 32830-2197
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2045365**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **THOMAS, THORP S**
STREET ADDRESS **8800 VISTANA CENTRE DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WASSERMAN, JOEL**
STREET ADDRESS **829 MOSELEY ROAD**
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HANOUSEK, WILLIAM**
STREET ADDRESS **400 EAST 67TH STREET**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **25-42 42nd Street**
CITY-ST-ZIP **Astoria, NY 11103**

TITLE **VPD** ☐ Delete
NAME **FALATEK, FRANCIS**
STREET ADDRESS **6 WINDY WAY**
CITY-ST-ZIP **SYMRNA DE 19977**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **LESICK, MICHAEL**
STREET ADDRESS **62 HILL ROAD**
CITY-ST-ZIP **GOSHEN NY 10924**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED** Thorp Thomas

January 10, 2003 407.239.3019

CR2E037 (10/02)

90007279



☐ CHECK HERE IF MAKING CHANGES