

# 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