

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765747

FILED
Mar 31, 2008
Secretary of State

Entity Name: VISTANA FALLS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13800 STATE ROAD 535
ORLANDO, FL 328216350 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2239337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: JOYCELYN, RAY
Address: 11111 CANYON TRAIL
City-St-Zip: HOUSTON, TX 77066 US

Title: VPD () Delete
Name: BRANDYMORE, NELSON A
Address: 190 N FREMONT ST
City-St-Zip: COLDWATER, MI 49036

Title: TD () Delete
Name: ROBINSON, MARK
Address: 14603 WOODLAKE TRACE
City-St-Zip: LOUISVILLE, KY 40245

Title: PD () Delete
Name: MAHONEY, THOMAS JR.
Address: 5 NOBLE JONES LANE
City-St-Zip: SAVANNAH, GA 31411

Title: SD () Delete
Name: BARNUM, STEVE
Address: 6800 E BROWN ROAD
City-St-Zip: LAKE ODESSA, MI 48849

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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 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: THOMAS MAHONEY, JR.

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date