2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10503

FILED May 01, 2007 Secretary of State

Entity Name: VISTANA SPA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 13800 STATE ROAD 535 ORLANDO, FL 328216350 US **Current Mailing Address: New Mailing Address:** P.O. BOX 22197 LAKE BUENA VISTA, FL 328302197 US FEI Number: 59-2755207 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: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete VPD (X) Change () Addition DAVIS, WILLIAM M JR ROSENBERG, ROBERT C Name: Name: P.O. BOX 35006 Address: 10 VISTA LANE Address: City-St-Zip: CHARLOTTE, NC 28235 City-St-Zip: MELVILLE, NY 11747 US Title: PD () Delete Title: (X) Change () Addition HUGHES, HERALD Name: HUGHES, HERALD Name: Address: 5800 HOOVER AVE Address: 2200 ELM AVENUE City-St-Zip: INDIAN TRAIL, NC 28079 City-St-Zip: LAURINBURG, NC 28352 Title: SD () Delete Title: () Change () Addition NISH, NANCY Name: Name: 130 ARBOR CIRCLE Address: Address: City-St-Zip: COUNCIL BLUFFS, IA 51503 City-St-Zip: () Delete Title: TD Title: () Change () Addition CHAMBERLIN, STANLEY Name: Name: Address: 8915 SHORE RD Address: City-St-Zip: BROOKLYN, NY 11209 City-St-Zip: Title: VPD () Delete Title: () Change () Addition BOYES, J. RICHARD DR. Name: Name: 65 FALLING BROOK ROAD Address: Address: City-St-Zip: FAIRPORT, NY 14450 City-St-Zip: Title: () Delete Title: () Change (X) Addition GHEZZI, GRACE B Name: Name: Address: Address: 600 BRONSON ROAD SYRACUSE, NY 13219 US City-St-Zip: 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: HERALD HUGHES PD 05/01/2007