

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10503

FILED
Mar 31, 2008
Secretary of State

Entity Name: VISTANA SPA 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: 59-2755207

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: ROSENBERG, ROBERT C
Address: 10 VISTA LANE
City-St-Zip: MELVILLE, NY 11747 US

Title: PD () Delete
Name: HUGHES, HERALD
Address: 2200 ELM AVENUE
City-St-Zip: LAURINBURG, NC 28352

Title: SD () Delete
Name: NISH, NANCY
Address: 130 ARBOR CIRCLE
City-St-Zip: COUNCIL BLUFFS, IA 51503

Title: TD (X) Delete
Name: CHAMBERLIN, STANLEY
Address: 8915 SHORE RD
City-St-Zip: BROOKLYN, NY 11209

Title: VPD () Delete
Name: BOYES, J. RICHARD DR.
Address: 65 FALLING BROOK ROAD
City-St-Zip: FAIRPORT, NY 14450

Title: AT () Delete
Name: GHEZZI, GRACE B
Address: 600 BRONSON ROAD
City-St-Zip: SYRACUSE, NY 13219 US

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:

Title: T (X) Change () Addition
Name: GHEZZI, GRACE B
Address: 600 BRONSON ROAD
City-St-Zip: SYRACUSE, NY 13219 US

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

03/31/2008

Electronic Signature of Signing Officer or Director

_____ Date