2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N32964

Entity Name: VISTANA FOUNTAINS 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: 59-2954018 **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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
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: TD ( ) Delete
Name: KENNY, MICHAEL
Address: 32 MAPLE MOOR LANE
City-St-Zip: CORTLANDT MANOR, NY 10567

Title: VD ( ) Delete
Name: FETTER, JEFFREY
Address: 507 PLUM ST., SUITE 300
City-St-Zip: SYRACUSE, NY 13204

Title: PD ( ) Delete
Name: CUSANO, LOUIS
Address: 740 STILL HILL ROAD
City-St-Zip: HAMDEN, CT 06518

Title: SD ( ) Delete
Name: ALEXANDER, JUDITH
Address: PO BOX 5246
City-St-Zip: WILLIAMSBURG, VA 23188

Title: VD ( ) Delete
Name: SACKS, BERNARD
Address: 522 SHORE ROAD APT. 3BB
City-St-Zip: LONG BEACH, NY 11561

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: SD (X) Change ( ) Addition
Name: DEVILBISS, JOE
Address: 500 GRACETON ROAD
City-St-Zip: FAWN GROVE, PA 17321 US

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: LOUIS CUSANO PD 05/01/2007

Electronic Signature of Signing Officer or Director — Date