2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# N93000002283

Entity Name: VISTANA FOUNTAINS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13800 STATE RD 535
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3184579 **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: TD ( ) Delete
Name: VAN EVERA, WILLIAM
Address: 2425 BROOKSHIRE DRIVE
City-St-Zip: SCHENECTADY, NY 12309

Title: SD ( ) Delete
Name: CHERWONY, ROBERT
Address: 182 GAY STREET UNIT #203
City-St-Zip: PHILADELPHIA, PA 19128

Title: VPD ( ) Delete
Name: CADY, GILBERT
Address: 1012 WEST GOLD
City-St-Zip: BUTTE, MT 59701

Title: VPD ( ) Delete
Name: FORD, MICHELE
Address: 25 CIRCUIT AVENUE
City-St-Zip: POCASSET, MA 02559

Title: PD ( ) Delete
Name: TERRANO, STEPHEN
Address: 93-24 246TH STREET
City-St-Zip: BELLEROSE, NY 11001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition
Name: SOMMERFELD, LARRY
Address: 623 NORTH HASTINGS WAY
City-St-Zip: EAU CLAIRE, WI 54703

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: STEPHEN TERRANO PD 03/31/2008

Electronic Signature of Signing Officer or Director — Date