2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002283

FILED Mar 24, 2009 Secretary of State

Entity Name: VISTANA FOUNTAINS II CONDOMINIUM ASSOCIATION, INC.

Gurrent P	Principal Place of Business:	New Principal Place of Business:
	ATE RD 535 D, FL 32821	
Current N	lailing Address:	New Mailing Address:
P.O. BOX LAKE BUE	22197 ENA VISTA, FL 328302197 US	9002 SAN MARCO COURT ORLANDO, FL 32819 US
FEI Number	: 59-3184579 FEI Number Applied	For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered	Agent: Name and Address of New Registered Agent:
1200 SOL PLANTAT The above	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324 US e named entity submits this stateme e of Florida.	nt for the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Regi	stered Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip:	S AND DIRECTORS: TD () Delete VAN EVERA, WILLIAM 2425 BROOKSHIRE DRIVE SCHENECTADY, NY 12309	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address:	TD () Delete VAN EVERA, WILLIAM 2425 BROOKSHIRE DRIVE	Title: () Change () Addition Name: Address:
Title: Name: Address:	TD () Delete VAN EVERA, WILLIAM 2425 BROOKSHIRE DRIVE SCHENECTADY, NY 12309 SD () Delete CHERWONY, ROBERT 182 GAY STREET UNIT #203	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	TD () Delete VAN EVERA, WILLIAM 2425 BROOKSHIRE DRIVE SCHENECTADY, NY 12309 SD () Delete CHERWONY, ROBERT 182 GAY STREET UNIT #203 PHILADELPHIA, PA 19128 VPD () Delete SOMMERFELD, LARRY 623 NORTH HASTINGS WAY	Title: () Change () Addition 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: ROBERT CHERWONY SD 03/24/2009