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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000081 (7)

1. Corporation Name

GRANDE VISTA OF ORLANDO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% MARRIOTT RESORTS HOSPITALITY CORP. 1200 U.S. HIGHWAY 98 SOUTH. STE. 10 LAKELAND FL 33801	% MARRIOTT RESORTS HOSPITALITY CORP. 1200 U.S. HIGHWAY 98 SOUTH. STE. 10 LAKELAND FL 33801-5904

3. Date Incorporated or Qualified: 12/29/1995
3a. Date of Last Report: 04/01/1996

2. Principal Place of Business
21: 5925 Avenida Vista
22: Suite, Apt. #, etc.
23: City & State: Orlando FL
24: Zip: 32821
25: Country: USA

2a. Mailing Address
26: 5925 Avenida Vista
27: Suite, Apt. #, etc.
28: City & State: Orlando FL
29: Zip: 32821
30: Country: USA

4. FEI Number: APPLIED FOR 593359241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LOVE, WILLIAM J
% MARRIOTT RESORTS HOSPITALITY CORP.
1200 U.S. HIGHWAY 98 SOUTH, STE. 10
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6649 Westwood Blvd.
83: Suite 400
84 City: Orlando, FL 85 Zip Code: 32821

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: William J Love
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	LOVE, WILLIAM J		1.2 NAME		
STREET ADDRESS	1200 US HWY 98 S., STE. 10		1.3 STREET ADDRESS	6649 Westwood Blvd Suite 400	
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY-ST-ZIP	Orlando, FL 32821	
TITLE	DV	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	BRADLEY, C. STEPHEN		2.2 NAME		
STREET ADDRESS	1200 US HWY 98 S., STE. 10		2.3 STREET ADDRESS	6649 Westwood Blvd Suite 400	
CITY-ST-ZIP	LAKELAND FL 33801		2.4 CITY-ST-ZIP	Orlando, FL 32821	
TITLE	DST	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	ALBERT, JOHN		3.2 NAME		
STREET ADDRESS	1200 US HWY 98 S., STE. 10		3.3 STREET ADDRESS	5925 Avenida Vista	
CITY-ST-ZIP	LAKELAND FL 33801		3.4 CITY-ST-ZIP	Orlando, FL 32821	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J Love (OFFICER)