FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600000081

1. Corporation Nam

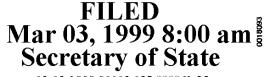
GRANDE VISTA OF ORLANDO CONDOMINIÚM ASSOCIATION, INC.

Principal Place of Business
5925 AVENIDA VISTA ORLANDO FL 32821
HS

Mailing Address

5925 AVENIDA VISTA ORLANDO FL 32821

US



03-03-1999 90003 027 ****61.25



	Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed 12/29/1995					
21		26			4. FEI Numb			Δn	plied For	
— ''	Apt. #, etc. Suite, Apt. #, etc.				59-3359		• .		t Applicable	
22		27 City & Chata		-	55 555.			\$8.75 A		
City & State	State City & State				5. Certificate of Status Desired Fee Required					
Zip	Country Zip C			try 6. Election Campaign Financing \$5.00 May						
24	4 25 29 3				Trust Fund Contribution Added to Fees					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name										
				Name			•	•		
LOVE, WILLIAM J				Street Address (P.O. Box Number is Not Acceptable)						
6649 WESTWOOD BLVD				82 Street Address (P.O. Box Number is Not Acceptable)						
						;				
STE 400							·	· (·	
ORLANDO FL 32821				City			FL	85 Zip (Jope	
44 =	t the section 617 0502	and 617 1500 Florida Statutes	the abov	e-named o	ornoration submits	this statement for	the numose of	changing its	registered	
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 a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	a Statutes	i.						
SIGNATURE										
	Signature, typed or printed name of registered agent a			nt signature req	uired when reinstating)	S/CHANGES TO	DATE AN	ID DIRECTO	DS IN 12	
12.	OFFICERS AND		13.	<u> </u>	AUDITION	S/CHANGES TO	OFFICERS AI	Change	Addition	
TITLE	DP .	DELETE	1.1 TITLE					Citalia	☐ Addition	
NAME	LOVE, WILLIAM J		1.2 NAME	·						
STREET ADDRESS	6649 WESTWOOD BLVD, STE 40	0	1.3 STREE	T ADDRESS			٠.	;	•	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S	T-ZIP					,	
TITLE	DV	☐ DELETE	2.1 TITLE		-			Change	☐ Addition	
NAME	MCSWEEN, JOHN R	_	2.2 NAME	1					,	
	12834 COUNTRY RIDGE			TADORESS						
STREET ADDRESS	SAN ANTONIO TX 78216					•	•		•	
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-	S1-ZIP	-			Change	Addition	
TITLE	DST	□ pecete						—у -		
NAME	ALBERT, JOHN		3.2 NAME	•						
STREET ADDRESS	5925 AVENIDA VISTA		3.3 STREE	TADORESS			•	,	,	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-			·	<u> </u>		Pate 1	
TITLE	DD	☑ DELETE	4.1 TITLE		DD	•		Change	Addition	
NAME	HARRIS, ANDY→		4. 2 NAME		ess m.	HEBELE	e_	_		
STREET ADDRESS	6649 WESTWOOD BLVD, SUITE	500	4.3 STREE	T ADDRESS	6649 UDE	لاحمض ترر	BUN!	ショ アレス	20 0	
CITY-ST-ZIP	ORLANDO FL 32821		4.4 CITY-5	T-ZIP	GRLANDO	FL 3	2821			
TITLE	DD	☐ DELETE	5.1 TITLE	1				Change	☐ Addition	
NAME	BELL, JOHN		5.2 NAME	1						
STREET ADDRESS	7377 KIMMEL RD		5.3 STREE	TADDRESS						
	CLAYTON OH 45313		5.4 CITY-5	T-ZIP						
CITY-ST-ZIP TITLE	ODATION OIL 19919	☐ DELETE	6.1 TITLE				··	☐ Change	☐ Addition	
		_ D.C.=/-	6.2 NAME					· -		
NAME				TADDRESS						
STREET ADDRESS				i				•		
CITY-ST-ZIP			6.4 CITY-5	I-ZIP						

14. I 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, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99

(407) 206-6231

:R2E037 (11/98)