


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000000081		
1. Entity Name GRANDE VISTA OF ORLANDO CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 5925 AVENIDA VISTA ORLANDO, FL 32821 US	Mailing Address % RESORT OPERATIONS 6649 WESTWOOD BLVD, SUITE 500 ORLANDO, FL 32821 US	



04072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3359241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

**U00000907831
05/06/08-80003-017 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERICOLOSI, MELISA 268 AUTUMN STREET MANCHESTER, CT 06040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHONKWILER, JAMES A 6649 WESTWOOD BLVD. STE. 500 ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARKSON, TOM 1713 BENTBROOK DRIVE CHAMPAIGN, IL 61822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCSWEEN, JOHN 12834 COUNTRY RIDGE SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, LAVAR 12308 SOUTH RALEIGH COURT DRAPER, UT 84020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **Lena Coleman** 4/16/08 407-206-6428