

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90103 027 ****61.25

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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**

30014401



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3359241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALBERT, JOHN**
STREET ADDRESS **6649 WESTWOOD BLVD, STE 500**
CITY-ST-ZIP **ORLANDO FL 32021**

TITLE **VP** ☐ Delete
NAME **MCSWEEN, JOHN R**
STREET ADDRESS **12834 COUNTRY RIDGE**
CITY-ST-ZIP **SAN ANTONIO TX 78216**

TITLE **ST** ☐ Delete
NAME **CHRISTENSEN, F. LAVAR**
STREET ADDRESS **12308 SOUTH RALEIGH CT**
CITY-ST-ZIP **DRAPER UT 84020**

TITLE **D** ☐ Delete
NAME **SHONKWILER, JAMES**
STREET ADDRESS **11501 INTERNATIONAL DR**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☒ Delete
NAME **JENSEN, CHAD**
STREET ADDRESS **6649 WESTWOOD BLVD # 500**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D Rebecca E. Bagwell**
STREET ADDRESS **6649 Westwood Blvd.**
CITY-ST-ZIP **Orlando, FL 32821**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: John Albert **SIGNATURE REQUIRED** 407-2066232

CR2E037 (10/02)