


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 19 PH 2:27

DOCUMENT # N97000004698

1. Corporation Name  
VISTANA CASCADES CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
13800 STATE ROAD 525  
ORLANDO FL 32821

Mailing Address  
13800 STATE ROAD 525  
ORLANDO FL 32821



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/19/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3463780	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVRIL, MATTHEW E	1.2 NAME	800002754928-8
STREET ADDRESS	13800 STATE ROAD 525	1.3 STREET ADDRESS	-01/26/99-01049-013
CITY-ST-ZIP	ORLANDO FL 32821	1.4 CITY-ST-ZIP	****70.00 ****70.00
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTS, ROSEMARY K	2.2 NAME	
STREET ADDRESS	13800 STATE ROAD 525	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	2.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, THORP S	3.2 NAME	
STREET ADDRESS	13800 STATE ROAD 525	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Burt Galaway
STREET ADDRESS		4.3 STREET ADDRESS	3337-A West 114th Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Westminister, CO 80030
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Paulette Temple
STREET ADDRESS		5.3 STREET ADDRESS	13800 State Road 535
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32821
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: Thorp S Thomas **SIGNATURE REQUIRED** 1/8/99 407/239-4019  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0084493

CR2E037 (1/98)

SC 1-19-99