

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004698

1. Entity Name

VISTANA CASCADES CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 FEB 14 AM 11:42

Principal Place of Business Mailing Address
13800 STATE ROAD 525 13800 STATE ROAD 525
ORLANDO FL 32821 ORLANDO FL 32821

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-3463780** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, THORP S	
STREET ADDRESS	13800 STATE ROAD 525	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GALAWAY, BURT	
STREET ADDRESS	3337-A WEST 114TH CIRCLE	
CITY-ST-ZIP	WESTMINISTER CO 80030	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TEMPLE, PAULETTE	
STREET ADDRESS	13800 STATE ROAD 525	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel Pope	
STREET ADDRESS	13800 State Road 535	
CITY-ST-ZIP	Orlando, FL 32821	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Wierman	
STREET ADDRESS	5316 Brindlewood Drive	
CITY-ST-ZIP	Plainfield, IL 60544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800003136548--1
-02/15/00--01120--010

*****70.00** ~~800003136548--1~~

Westminister, CO 80331-7172

Handwritten signature/initials

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: Thorp Thomas **SIGNATURE REQUIRED**

407/239-3019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)