

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004698

FILED
Mar 31, 2008
Secretary of State

Entity Name: VISTANA CASCADES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13800 STATE ROAD 535
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22197
LAKE BUENA VISTA, FL 328302197

New Mailing Address:

FEI Number: 59-3463780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: THOMAS, THORP S
Address: 9002 SAN MARCO CT
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: SANDERS, WALLACE
Address: 1924 NORTHCREST CIRCLE
City-St-Zip: AMES, IA 50010

Title: PD () Delete
Name: GILL, JOSEPH
Address: 16 WESTFIELD COMMONS
City-St-Zip: ROCHESTER, NY 14625

Title: SD () Delete
Name: DAVENPORT, RUDY
Address: 883 ROANOKE DRIVE
City-St-Zip: SPRINGFIELD, IL 62702

Title: VPD () Delete
Name: HIND, THOMAS
Address: 234 WEST 10TH ST.
City-St-Zip: DEER PARK, NY 11729

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: PHILLIPS, DAVID S
Address: 111 CARYS TRACE
City-St-Zip: YORKTOWN, VA 23693

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH GILL

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date