

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715680 (5)

1. Corporation Name
NORTHWEST ORANGE COUNTY IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business 4253 PONCAN ROAD P.O. BOX 786 ZELLWOOD FL 32798-7786	Mailing Address 4253 PONCAN ROAD P.O. BOX 786 ZELLWOOD FL 32798-7786
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3. Date Incorporated or Qualified
12/09/1968

4. FEI Number
59-2022527

Applied For	
Not Applicable	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

~~MILLER, GARRY~~
 222 W KELLY PARK ROAD
 APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name **MARVIN BARRETT**

82 Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 194-5003 Poncan Rd

83 **Zellwood, FL**

84 City **FL** 85 Zip Code **32798**

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 *[Signature]* **2-22-98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GREEN, RAY	
STREET ADDRESS	5844 ROUND LAKE RD.	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BIRKO, DAVID Miller, Garry	
STREET ADDRESS	340 N. GOTHEN AVENUE 222 N. Kelly Park Rd	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUSSELL, LEONA Odom, Faye	
STREET ADDRESS	32299 WOLFBRANCH LANE P.O. Box 279	
CITY-ST-ZIP	SORRENTO FL Plymouth FL 32768	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, GARRY BARRETT, MARVIN	
STREET ADDRESS	222 N KELLY PARK ROAD P.O. Box 194	
CITY-ST-ZIP	APOPKA FL Zellwood FL 32798	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4629 Plymouth Sound Rd.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President
4.3 STREET ADDRESS	5003 Poncan Rd. Zellwood
4.4 CITY-ST-ZIP	FL 32798
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *[Signature]* **2-22-98**

CR2E037 (10/97)