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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 715680

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/09/1968

4. FEI Number

59-2022527

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BARRETT, MARVIN
P.O. BOX 194
5003 POWKAN RD
ZELLWOOD FL 32798

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

1-14-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME GREEN, RAY
STREET ADDRESS 5844 ROUND LAKE RD.
CITY-ST-ZIP ZELLWOOD FL 32798

TITLE TD
NAME MILLER, GARRY
STREET ADDRESS 222 N KELLY PARK RD
CITY-ST-ZIP APOPKA FL

TITLE SD
NAME ODOM, FAYE
STREET ADDRESS P O BOX 279, 4629 PLYMOUTH RD
CITY-ST-ZIP PLYMOUTH FL 32768

TITLE PD
NAME BARRETT, MARVIN
STREET ADDRESS P O BOX 194, 5003 PONKAN ARD
CITY-ST-ZIP ZELLWOOD FL 32798

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 407-884-0014
Date Daytime Phone #

0016208

0016209

CR2E037 (11/98)