FILE NOW: FILING FEE IS $61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719959 (9)

1. Corporation Name
EXECUTIVE ASSOCIATION OF GREATER ORLANDO, INC.

Principal Place of Business	Mailing Address
C/O CLASSE MARKETING 3319 MAGUIRE BLVD #155 ORLANDO FL 32803 US	C/O CLASSE MARKETING 3319 MAGUIRE BLVD #155 ORLANDO FL 32803 US

3. Date Incorporated or Qualified: 12/30/1970

4. FEI Number: 59-1466562 ☐ Applied For ☐ Not Applicable

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

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	10. Name and Address of New Registered Agent
JUERGENSEN, WALT 5695 BEGGS RD ORLANDO FL 32810	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WEISS, BOB		1.2 NAME		
STREET ADDRESS	274 SYLVAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D/T	☐ Change ☒ Addition
NAME	DRANE, FRANK		2.2 NAME	JAMES M. White	
STREET ADDRESS	800 MAGNOLIA AVE, SUITE 1600		2.3 STREET ADDRESS	5695 Beggs Road, Suite B	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LIFF, GEORGE		3.2 NAME	Chuck Shattuck	
STREET ADDRESS	300 E NEW WNGLAND AVE		3.3 STREET ADDRESS	275 N. Cottage Hill Road	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, JANET		4.2 NAME		
STREET ADDRESS	1100 E. COLONIAL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	5.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	SATILL, AVRON		5.2 NAME		
STREET ADDRESS	601 S. NEW YORK, STORE @		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BRESSLER, BRETT		6.2 NAME		
STREET ADDRESS	1245 W FAIRBANKS AVE, STE 500		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: _____ James H. White 407-297-9695