FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #

747488

(5)

CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVE S. INC.

S, INC	•							
Principal Place of Business Mailing Address						91 (\$11 E101) \$1011 01311 6		
P. O. BOX 1	MONTE DRIVE #101 50127 SPRINGS FL 32715-7127	222 S WESTMONTE D P. O. BOX 150127 ALTAMONTE SPRINGS		27				
		TELLIMONE OF MINOU PE OF 10 THE			3. Date Incorporated or Qualified 06/04/1979			
	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
21		26			59-1880365		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zıp	Count	ry	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No				
	9. Name and Address of Curre	nt Hegistered Agent		1 Name	10. Name and Address of New R	egistered Agent		
			8	1 Name				
KAUTTER, WILLARD S. 222 S WESTMONTE DRIVE, #101			8	2 Street	t Address (P.O. Box Number is Not Acceptable)			
	ONTE SPRINGS FL 32714		83					
			8	4 City		FL 85	Zip Code	
11. Pursuant t	to the provisions of Sections 617 050	2 and 617 1508. Florida Statut	es the above	-named co	orporation submits this statement for the pur		e registered office	
or register	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	red by the cou	poration's	board of directors. I hereby accept the appoint	pintment as registere	ed agent. I am	
SIGNATURE								
	Signature typed or printed name of registered ager			ert signature i	equired when reinstating:	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
TITLE	P ⊠DELETE		11 TITLE		D	Change	e 🔀 Addition	
NAME	LEAHY, JAY		1.2 NAM		Lara, Peggy	_	ļ	
STREET ADDRESS	1303 LIMIT AVENUE			ET ADDRESS	4162 Edgewater Dri	ive		
CITY-ST-ZIP			1.4 CHTY- 2 1 TIFLE		Orlando, FL 32804	K IN		
TITLE	D DOLLARISO DETIL					Change	e 🛄 Addition	
NAME			2.2 NAMI	nebulile, Lisa				
STREET ADDRESS	3717 S WONWAY RD					135 W Central Blvd. #440		
CITY-ST-ZIP TITLE	ORLANDO FL		2 4 City		Orlando, FL 32801			
İ			3.1 TITLE			Change	e 🔲 Addition	
NAME OTDOOR ADDOORS	MONAHAN, THOMAS		3 2 NAMI					
STREET ADDRESS	214 ROYAL OAK CIRCLE			ET ADDRESS				
CITY-ST-ZIP TITLE	LONGWOOD FL EVP	DELETE	3.4. CITY 4.1 TITLE				Addition	
NAME	KAUTTER, WILLARD					☐ Change	e 🗌 Addition	
	222 S. WESTMONTE DRIVE		4 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE	ALTAMONTE SPRINGS FL V	DELETE	5 1 TITLE		D E	Change	a Addition	
NAME			52 NAME		PE	K1 cuanão	ROURION	
STREET ADDRESS	1633 E. VINE STREET, #206	•		: Et address				
· · · · · · · · · · · · · · · · · · ·	KISSIMMEE FL	•						
CITY-ST-ZIP TITLE	D D	DELETE	5.4 CITY - 6.1 TITLE		S/T	Change	e 🔲 Addition	
NAME ;	SHOLANDER, MARK	Deterie	6.2 NAME		- • -	€ CHANGE	- D Addition	
STREET ADDRESS	201 EAST PINE ST. SUITE 8	00						
CITY-ST-ZIP	ORLANDO FL	·vu	1	ET ADDRESS				
M11-01-7F	OUTVIENDO LE		6.4 CiTY-	-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report of 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 its required by Chapter 617, Florida Statutes; and that my namel appears in Block 12 or block 13 jucklinged, or on an attacking with an addresse.

SIGNATURE: /

OF SIGNING OFFICER OR DIRECTOR

407/774-7880

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