SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749633L

. Corporation Name

ADAIR CONDOMINIUMS MANAGEMENT. INC.

Principal Place of Business 1103 EDGEWATER DRIVE

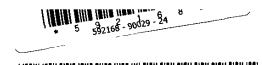
ORLANDO FL 32804

Mailing Address

1103 EDGEWATER DRIVE ORLANDO FL 32804

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90042 001 ****61.25



| 2. Principal PI | ace of Business | 2a. Mailing Address | | 3. Date Incorporated or Qualifed | |
|---|--|---------------------|---|--|--------------------------------|
| 21 629 1 | akeview St. | 26 Paglake | view St. | 11/02/1979 | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | NOT APPLICABLE | Not Applicable |
| City & State |) \ E | City & State | - , | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 UY (a) | <u>ndo 11-</u> | 28 Urlando | Country | | |
| Zip 27/10 | Country 4 25 32404 | Zip 274/018 Tes | 7 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 3280 | | 29 52804 30 | | 10. Name and Address of New Registered | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name | | | | | |
| Lynn Wzadder | | | | | |
| SORROW, TODD | | | 82 Street Address (P.O. Box Number is Not Acceptable) 629 La Keview 5-Ke of | | |
| 1103 EDGEWATER DRIVE | | | | Cacevier 5 No of | |
| ORLANDO FL 32804 | | | | | |
| | | | 84 City |)clando FL | 85 Zip Code |
| 11 Description of Sections 617 0502 and 617 1508 Florida Statutes the above-named compration 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 nereby accept the appointment as registered | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | | gistered Agent signature re | Squiget when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | PD | Change |
| NAME | SORROW, TODD | · | 1.2 NAME | Sherra Hedrick | |
| STREET ADDRESS | 1103 EDGEWATER DRIVE | | 1.3 STREET ADDRESS | 1112 Eastin Ave | - |
| CITY-ST-ZIP | ORLANDO FL 32804 | | 1.4 CITY-ST-ZIP | Orlando FL 32804 | |
| TITLE | VPD | ≯ DELETE | 2.1 TITLE | VPD . | Change Addition |
| NAME | HEDRICK, DAVID W | | 2.2 NAME | Tony Misho | , |
| STREET ADDRESS | 1112 EASTIN AVE | | 2.3 STREET ADDRESS | 1101 Edgewater Drive | |
| CITY-ST-ZIP | ORLANDO FL | | 2. 4 CITY-ST-ZIP | 01/ando FL 32804 | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LUZADDER, LYNN | | 3.2 NAME | | |
| STREET ADDRESS | 629 LAKEVIEW STREET | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 3.4. CITY-ST-ZIP | = | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY+ST+ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 T/TLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | ł |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY+ST+ZIP | Lis Castina 440 07/0/0 Florido Statutos I further co | etify that the information |

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 informatio 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:

SICONO TILLER CYTESTAN AND US adder 7 17 199 (40) 147-8878