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

FILED
Mar 03, 1999 8:00 am
Secretary of State
03-03-1999 90042 001 ****61.25

0001409

DOCUMENT # 749633

1. Corporation Name
ADAIR CONDOMINIUMS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1103 EDGEWATER DRIVE ORLANDO FL 32804	1103 EDGEWATER DRIVE ORLANDO FL 32804

2. Principal Place of Business 21 629 Lakeview St.	2a. Mailing Address 26 629 Lakeview St.	3. Date Incorporated or Qualifed 11/02/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23 Orlando FL	City & State 28 Orlando FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32804 25 32804	Zip / Country 29 32804 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SORROW, TODD
1103 EDGEWATER DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: Lynn Luzadder
82 Street Address (P.O. Box Number is Not Acceptable): 629 Lakeview Street
83
84 City: Orlando FL 85 Zip Code: 32804

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: Lynn Luzadder — Lynn Ann Luzadder — 7/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
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	Orlando 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 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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		

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: Lynn Luzadder SIGNATURE REQUIRED — Lynn Ann Luzadder — 7/12/99 — (407) 847-8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)