

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **754722 (7)**  
1. Corporation Name  
**JUSTIN PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**% CHRIS LERNER, ESO.**  
**P.O. BOX 613**  
**ORLANDO FL 32802**

3. Date Incorporated or Qualified **10/20/1980** 3a. Date of Last Report **04/10/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **621 Cathcart St.** 26 **c/o Chris Lerner**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Units 1 thru 10** 27 **P.O. Box 613**  
City & State City & State  
23 **Orl., FL** 28 **Orl., FL**  
Zip Country Zip Country  
24 **32803** 25 **USA** 29 **32802** 30 **USA**

4. FEI Number **59-2233489** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LERNER, CHRIS**  
**203 RAPSCALLION CT.**  
**ORLANDO FL 32828**

81 Name **Lerner Chris**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**203 RAPSCALLION CT.**  
83 **C**  
84 City **Orlando** FL 85 Zip Code **32828**

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 617.0603, Florida Statutes.

SIGNATURE **Chris Lerner President Justin Place 1/17/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>STOCKSDALE, PAUL</b>	
STREET ADDRESS	<b>621 N CATHCART AVE. UNIT #1</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LERNER HARRY</b>	
STREET ADDRESS	<b>621 CATHCART AVE #9</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SR PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LERNER, CHRIS</b>	
STREET ADDRESS	<b>203 RAPSCALLION CT.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32828</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>NIMON, JOEL</b>	
STREET ADDRESS	<b>621 CATHCART AVE #2</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LERNER, JANETTE</b>	
STREET ADDRESS	<b>621 CATHCART AVE #9</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>Sec/Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: **Chris Lerner** 1/17/96 836-2416  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)