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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N08034** **(3)**

1. Corporation Name

WINTER PARK OFFICE PLAZA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
315 AND 325 LAKEMONT AVENUE WINTER PARK FL	315 AND 325 LAKEMONT AVENUE WINTER PARK FL

3. Date Incorporated or Qualified: **03/07/1985**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 315 N. LAKEMONT AVE.
Suite, Apt #, etc.
22
City & State
23 WINTER PARK, FL
Zip 24 32792 Country 25 USA

2a. Mailing Address
26 315 N. LAKEMONT AVE.
Suite, Apt. #, etc.
27 SUITE B
City & State
28 WINTER PARK, FL
Zip 29 32792 Country 30 USA

4. FEI Number: **59-2565103** ☐ 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**

CABREIRA, ANTONIO P. M.D.
315 N LAKEMONT STE B
WINTER PARK FL 32792

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

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CABREIRA, ANTONIO P.		1.2 NAME		
STREET ADDRESS	2740 LAKE HOWELL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CABREIRA, ROSALINA L.		2.2 NAME		
STREET ADDRESS	2740 LAKE HOWELL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CABREIRA, ROSALINA L.		3.2 NAME		
STREET ADDRESS	2740 LAKE HOWELL LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MASSEY, GARY E.		4.2 NAME		
STREET ADDRESS	112 WEST CITRUS STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CABREIRA, KENNETH L		5.2 NAME		
STREET ADDRESS	2740 LAKE HOWELL LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		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		

CR2E037 (9/96)

14. I do 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: Antonio P. Cabreira (ANTONIO P. CABREIRA) 1-8-97 (407) 6444018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0080071