

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 # N08246 (3)

1. Corporation Name

3485 PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1969 CORPORATE SQUARE DR.
P-O BOX 1837-
LONGWOOD FL 32750

1969 CORPORATE SQUARE DR.
P-O BOX 1837-
LONGWOOD FL 32750

3. Date Incorporated or Qualified **03/19/1985** 3a. Date of Last Report **03/08/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2712742	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
						<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Country		Country			
24		29	32752-1728	30		
					8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAMBERS, JACQUELINE J.
4101 LAKE MIRA DRIVE
ORLANDO FL 32817

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGENSEN, PHILIP D.	1.2 NAME	
STREET ADDRESS	128 PARSONS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANADA, HENRY C.	2.2 NAME	
STREET ADDRESS	178 BALFOUR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, JACQUELINE J.	3.2 NAME	
STREET ADDRESS	4101 LAKE MIRA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS JR., WARREN C.	4.2 NAME	
STREET ADDRESS	4101 LAKE MIRA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLARD, CATHLEEN E	5.2 NAME	
STREET ADDRESS	3485 SO. ATLANTIC AVENUE, 2S	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARNAGIN, PAT	6.2 NAME	
STREET ADDRESS	11632 NW 142ND AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	POLK CITY IO	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 unchanged, or on an attachment with an address.

SIGNATURE:

Philip D. Jorgensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip D. Jorgensen
PRES.

2/6/96
Date

407-831-6275
Daytime Phone #

CR2E037 (12/95)