


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N08246 (3)**  
1. Corporation Name  
**3485 PLACE CONDOMINIUM ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>1969 CORPORATE SQUARE DR.<br/><del>P.O. BOX 1037</del><br/>LONGWOOD FL 32750</b> | Mailing Address<br><b>P.O. BOX 521728<br/><del>P.O. BOX 1007</del><br/>LONGWOOD FL 32752-1728<br/>US</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/19/1985</b> | 3a. Date of Last Report<br><b>02/09/1996</b> |
|--|--|

|   |  |  |  |
|---|--|--|--|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27 | 23<br>City & State<br>24<br>Zip<br>25<br>Country | 28<br>City & State<br>29<br>Zip<br>30<br>Country |
|---|--|--|--|

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-2712742</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**CHAMBERS, JACQUELINE J.  
4101 LAKE MIRA DRIVE  
ORLANDO FL 32817**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                       | <b>JORGENSEN, PHILIP D.</b>                | 1.2 NAME  |  |
| STREET ADDRESS             | <b>128 PARSONS ROAD</b>                    | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                         | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <b>director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| NAME                       | <b>CANADA, HENRY C.</b>                    | 2.2 NAME  |  |
| STREET ADDRESS             | <b>178 BALFOUR DRIVE</b>                   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>WINTER PARK FL</b>                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>STD</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                       | <b>CHAMBERS, JACQUELINE J.</b>             | 3.2 NAME  |  |
| STREET ADDRESS             | <b>4101 LAKE MIRA DRIVE</b>                | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                          | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                       | <b>CHAMBERS JR., WARREN C.</b>             | 4.2 NAME  |  |
| STREET ADDRESS             | <b>4101 LAKE MIRA DRIVE</b>                | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                          | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 5.1 TITLE   | <b>vice president</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MALLARD, CATHLEEN E</b>                 | 5.2 NAME  |  |
| STREET ADDRESS             | <b>3485 SO. ATLANTIC AVENUE, 2S</b>        | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>COCOA BEACH FL</b>                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                       | <b>JARNAGIN, PAT</b>                       | 6.2 NAME  |  |
| STREET ADDRESS             | <b>11632 NW 142ND AVENUE</b>               | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>POLK CITY IO</b>                        | 6.4 CITY-ST-ZIP                                       |  |

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.

*Sandra B. Mortham* *Jacqueline J. Chambers*  
Sandra B. Mortham, Secretary of State  
Jacqueline J. Chambers, Registered Agent

CR2E037 (9/96)