FILED

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).

Jul 20, 1999 8:00 am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State **Katherine Harris** ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 07-20-1999 90019 047 ****61.25 1999 DOCUMENT # N187 1. Corporation Name ORLANDO CORPORATE CENTER PROPERTY OWNERS ASSOCIA erar hara sinin tatat 1181 1891 591691 - 90019 - 47 TION, INC. Mailing Address Principal Place of Business 4105-A 34TH STREET 4105-A 34TH STREET ORLANDO FL 32811 ORLANDO FL 32811 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 01/14/1987 26 21 FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 59-2892792 иот Аррисаріе 22 \$8.75 Additional City & State City & State 5. Certifcate of Status Desired Fee Required 23 28 Country Country Zip 6. Election Campaign Financing \$5.00 May Be Zip 30 Trust Fund Contribution Added to Fees 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MANLEY, CHRISTOPHER B 82 Street Address (P.O. Box Number is Not Acceptable) 4105-A 34TH STREET 83 ORLANDO FL 32811 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (2/3)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE MANLEY, CHRISTOPHER CR2E037 1.2 NAME NAME 4105-A 34TH STREET STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32811 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE vstd 2.1 TITLE HARRISON, LINDA M 2.2 NAME NAME 4105-A 34TH STREET 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME SEIPLE, JOHN 4105-A 34TH STREET 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE CAVALIERE, PAMELA 4. 2 NAME NAME 4105-A 34TH STREET 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32811 4.4 CITY-ST-ZIP CITY-ST-ZIP Ti Change ☐ Addition DELETE TITLE 5.1 TTLE 5.2 NAME NAME ROSS, LISA 5.3 STREET ADORESS STREET ADDRESS 4105-A 34TH STREET 5.4 City-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP ☐ Change Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY- ST-ZIP

CITY-\$T-ZIP

Thereby 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. Daytime Phone #