

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N24885 (8)**  
1. Corporation Name  
**ALMOND TREE ESTATES HOMEOWNER'S ASSOCIATION, INC**



Principal Place of Business <b>P O BOX 406 GOTHA FL 34734-7406</b>	Mailing Address <b>P O BOX 406 GOTHA FL 34734-7406</b>
---	---

3. Date Incorporated or Qualified <b>02/17/1988</b>	
4. FEI Number <b>59-2874139</b>	Applied For <input type="checkbox"/> Not Applicable

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

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>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**CLIFFORD, SHEPARD PA  
20 NORTH AVE  
STE 1107  
ORLANDO FL 32801**

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 **FL**

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>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENDRE, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>950 ALMOND TREE CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, KAREN</b>	2.2 NAME	
STREET ADDRESS	<b>1033 ALMOND TREE CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>913 ALMOND TREE CIR</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>GLASHOWER, STEVEN</b>	4.2 NAME	
STREET ADDRESS	<b>1070 ALMOND TREE CIR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STARK, LENNY</b>	5.2 NAME	<b>BENKOVICH, CARL</b>
STREET ADDRESS	<b>1039 ALMOND TREE CIR.</b>	5.3 STREET ADDRESS	<b>1064 ALMOND TREE CIRCLE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	<b>ORLANDO, FL 32835</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KULP, JAKE</b>	6.2 NAME	
STREET ADDRESS	<b>1048 ALMOND TREE CR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	6.4 CITY-ST-ZIP	

14. I 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: Susan M. Johnson 1/24/98 (407)297-0844

CR2E037 (10/97)