

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 # **N35693** (3)

1. Corporation Name
TRACT 181 COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: **13801 TOWN LOOP BLVD. ORLANDO FL 32837 US**
Mailing Address: **13801 TOWN LOOP BLVD ORLANDO FL 32837 US**

3. Date Incorporated or Qualified: **12/18/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CURRY, JAMES PATRICK 1900 SUMMIT TOWER BLVD STE 800 ORLANDO FL 32810**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: D NAME: GATLIN, ROGER O STREET ADDRESS: 7800 SOUTHLAND BLVD., STE 102 13801 Town Loop Blvd. CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HOWE, ROBERT STREET ADDRESS: 7800 SOUTHLAND BLVD., STE 102 CITY-ST-ZIP: ORLANDO FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: CHARLES PALANT 2.3 STREET ADDRESS: 13801 Town Loop Blvd; 2.4 CITY-ST-ZIP: ORLANDO FL, 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HABERMAN, GERARD E STREET ADDRESS: 7800 SOUTHLAND BLVD., STE 102 CITY-ST-ZIP: ORLANDO FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: JERRY BANKS 3.3 STREET ADDRESS: 13801 Town Loop Blvd. 3.4 CITY-ST-ZIP: ORLANDO, FL, 32837	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: 000001737620 5.2 NAME: 03/08/96 01100 5.3 STREET ADDRESS: ***61.25 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: R.O. Gatlin R.O. Gatlin 2-12-96 407/839-8330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)