

FILE NOW: FILING FEE IS \$61.25

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Mar 06, 2000 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000005118

1. Corporation Name  
DARDEN DIMES, INC.

A0027425

Principal Place of Business  
5900 LAKE ELLENOR DRIVE  
ORLANDO FL 32809

Mailing Address  
POST OFFICE BOX 593330  
ORLANDO FL 32859-3330



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/04/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		59-352564	
Country		Country		Applied For	
25		29		Not Applicable	
28		30		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, JOE R		1.2 NAME	Dan Lyons	
STREET ADDRESS	6126 CHES COURT		1.3 STREET ADDRESS	2152 Alaqua Drive	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REIKER, JON		2.2 NAME	Edna Morris	
STREET ADDRESS	2740 ENGLISH IVY COURT		2.3 STREET ADDRESS	6127 Ches Court	
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTIS, CLARENCE		3.2 NAME	Ron Bojalad	
STREET ADDRESS	5336 ISLEWORTH COUNTRY CLUB DRIVE		3.3 STREET ADDRESS	9237 Wickham Way	
CITY-ST-ZIP	WINDERMERE FL 34786		3.4 CITY-ST-ZIP	Orlando, FL 32836	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, RICHARD J		4.2 NAME		
STREET ADDRESS	2401 NORFOLK ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Robert F. Faisant	
STREET ADDRESS			5.3 STREET ADDRESS	6100 Lake Ellenor Drive	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert F. Faisant Date: 2/21/00 Daytime Phone #: 407.245.5542

CR2E037 (11/98)