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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005884

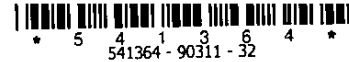
1. Corporation Name

NW 46 PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

600 E. COLONIAL DR., STE. 100
ORLANDO FL 32803

Mailing Address

600 E. COLONIAL DR., STE. 100
ORLANDO FL 32803

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/15/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		X Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired	
23		28		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	

9. Name and Address of Current Registered Agent

SCHRIMSHER, J. STEVEN
600 E. COLONIAL DR., STE. 100
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE		☐ Change	☐ Addition
NAME	SCHRIMSHER, J. STEVEN			1.2 NAME			
STREET ADDRESS	600 E. COLONIAL DR., STE. 100			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE		☐ Change	☐ Addition
NAME	SCHRIMSHER, FRANK L.			2.2 NAME			
STREET ADDRESS	600 E. COLONIAL DR., STE. 100			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE		☐ Change	☐ Addition
NAME	RIFE, JOHN M., JR.			3.2 NAME			
STREET ADDRESS	427 S. NEW YORK AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change	☐ 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: *Steven Schrimsher* SIGNATURE REQUIRED

4/15/99 (407) 423-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)