

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortram
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:16

DOCUMENT # **N08246** (3)

1. Corporation Name

3485 PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1969 CORPORATE SQUARE DR. P O BOX 1837 LONGWOOD FL 32750	1969 CORPORATE SQUARE DR. P O BOX 1837 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/19/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2712742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

CHAMBERS, JACQUELINE J.
4101 LAKE MIRA DRIVE
ORLANDO FL 32817

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JORGENSEN, PHILIP D.
STREET ADDRESS	128 PARSONS ROAD
CITY-ST-ZIP	LONGWOOD FL
TITLE	VD
NAME	CANADA, HENRY C.
STREET ADDRESS	178 BALFOUR DRIVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	STD
NAME	CHAMBERS, JACQUELINE J.
STREET ADDRESS	4101 LAKE MIRA DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	CHAMBERS JR., WARREN C.
STREET ADDRESS	4101 LAKE MIRA DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	Director
NAME	Mullard, Cathleen B.
STREET ADDRESS	3485 So. Atlantic Avenue, #2S
CITY-ST-ZIP	Cocoa Beach, Fl. 32931
TITLE	Director
NAME	JARNAGIN, PAT
STREET ADDRESS	11632 NW 142nd Avonuo
CITY-ST-ZIP	Polk City, Iowa 50226

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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: *Jacqueline J. Chambers* Jacqueline J. Chambers, S/T 03-03-95 407-831-6275
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR