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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **N24885**

1. Corporation Name

ALMOND TREE ESTATES HOMEOWNER'S ASSOCIATION, INC

Principal Place of Business	Mailing Address
P O BOX 406 GOTHA FL 34734-7406	P O BOX 406 GOTHA FL 34734-7406

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 02/17/1988 4. FEI Number 59-2874139 ☐ Applied For ☐ Not Applicable 5. Certifcate 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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	~~PRESIDENT~~	☐ Change ☒ Addition
NAME	ENDRE, THOMAS		1.2 NAME		
STREET ADDRESS	950 ALMOND TREE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	32835	
TITLE	VP	☐ DELETE	2.1 TITLE	~~VICE-PRESIDENT~~	☐ Change ☒ Addition
NAME	COOPER, KAREN		2.2 NAME		
STREET ADDRESS	1033 ALMOND TREE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	32835	
TITLE	T	☒ DELETE	3.1 TITLE	~~TREASURER~~	☒ Change ☐ Addition
NAME	JOHNSON, SUSAN		3.2 NAME	WILL GLASS	
STREET ADDRESS	913 ALMOND TREE CIR		3.3 STREET ADDRESS	931 ALMOND TREE CIRCLE	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GLASHOWER, STEVEN		4.2 NAME		
STREET ADDRESS	1070 ALMOND TREE CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BENKOVICH, CARL		5.2 NAME		
STREET ADDRESS	1064 ALMOND TREE CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	KULP, JAKE		6.2 NAME	CHARLES REED	
STREET ADDRESS	1046 ALMOND TREE CR		6.3 STREET ADDRESS	961 ALMOND TREE CIRCLE	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	ORLANDO, FL 32835	

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: Thomas Q. Endre SIGNATURE REQUIRED Pres. THOMAS ENDRE, 3-1-99 407-296-9754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)