FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90050 048 ****61.25

0013166

DOCUMENT # N98000002762

1. Corporation Name

TANNER ROAD PHASES 1 AND 2 PROPERTY OWNERS ASSOC IATION, INC.

Principal Place of Business	Mailing Address
242 NORTH WESTMONTE DRIVE	~~242 NORTH WESTMONTE DRIVE~~
ALTAMONTE SPRINGS FL 32714	~~ALTAMONTE SPRINGS FL 32714~~

c/o Mid-Florida Prop. Mgnt.

2. Principal Place of Business **21**	**2a.** Mailing Address **26** P.O. Box 182150	**3.** Date Incorporated or Qualifed **05/14/1998**	
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	**4.** FEI Number **59-3556325**	Applied For / Not Applicable
City & State **23**	City & State **28** Casselberry, FL	**5.** Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip **24** / Country **25**	Zip **29** 32718 / Country **30**	**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
~~BENNETT, DANA A~~ 242 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714	**81** Name: William S. Orosz, Jr. **82** Street Address (P.O. Box Number is Not Acceptable): 242 North Westmonte Drive **83** **84** City: Altamonte Springs **FL** **85** Zip Code: 32714

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 _William S. Orosz, Jr._ 4/26/99

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

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS	**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **D** ☒DELETE NAME ~~BENNETT, DANA A~~ STREET ADDRESS 242 NORTH WESTMONTE DRIVE CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	1.1 TITLE D ☐Change ☒Addition 1.2 NAME Sanders, Kyle A. 1.3 STREET ADDRESS 242 North Westmonte Drive 1.4 CITY-ST-ZIP Altamonte Springs, FL 32714
TITLE **D** ☐DELETE NAME OROSZ, WILLIAM S JR. STREET ADDRESS 242 NORTH WESTMONTE DRIVE CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	2.1 TITLE ☐Change ☐Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE **D** ☐DELETE NAME STEAKLEY, JERRY STREET ADDRESS 242 NORTH WESTMONTE DRIVE CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	3.1 TITLE ☐Change ☐Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ☐DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐Change ☐Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐Change ☐Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐Change ☐Addition 6.2 NAME 6.3 STREET ADDRESS 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 REQUIRED Orosz, Jr. 4/26/99 (407) 865-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #