

DOCUMENT # 728137	
1. Entity Name	
1200 PARK AVENUE ASSOCIATION, INC.	

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90004 006 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1401 ATLANTA AVENUE ORLANDO FL 32806	1216 PARK AVENUE NORTH WINTER PARK FL 32789

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

4. FEI Number	Applied For
59-3316878	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KOBRIN, HARVEY N 1216 PARK AVENUE NORTH WINTER PARK FL 32789

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE	Harvey N. Kobrin	01/05/01
Signature, typed or printed name of registered agent and title if applicable.		DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRADSHAW, CHARLES E JR 22051 N. O'BRIEN ROAD HOWEY IN THE HILLS FL 34737 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAW, JACK 22051 N. O'BRIEN ROAD HOWEY IN THE HILLS FL 34737 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VERNON, SHERRI H 936 AMERICAN BEAUTY ST ORLANDO FL 32810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D Dr. Thomas C. Lawton 1208 Park Avenue North Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Harvey N. Kobrin 1216 Park Avenue North Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Ronald J. Worswick 1212 Park Avenue North Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dr. Wilbur Davis, Jr. 1210 Park Avenue North Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Margaret A. Carlisle 371 Putnam Lane Lake Mary, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Harvey N. Kobrin	01/05/01	407/843-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (10/00)