


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N08246 1. Entity Name 3485 PLACE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1969 CORPORATE SQUARE DR. LONGWOOD, FL 32750 US	Mailing Address P.O. BOX 521728 LONGWOOD, FL 32752-1728 US
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DO NOT WRITE IN THIS SPACE

02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2712742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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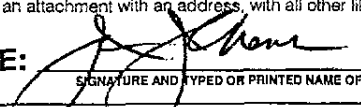
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JORGENSEN, PHILIP D. 128 PARSONS ROAD LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHAMBERS, JACQUELINE J. 4101 LAKE MIRA DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAMBERS JR., WARREN C. 4101 LAKE MIRA DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MALLARD, CATHLEEN E 3485 SO. ATLANTIC AVENUE, 2S COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JARNAGIN, PAT 11632 NW 142ND AVENUE POLK CITY, IO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000079952
03/08/04-80089-011 61.25

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IN THIS SPACE**

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:  3/7/04

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