## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

728559

(6)

COMM INC.	UNITY SERVICE CENTER (	OF SOUTH ORANGE C	OUNTY,				
621 WILKES AVENUE 621 WILKES AVENUE ORLANDO FL 32809 ORLANDO FL 32809					3. Date Incorporated or Qualified 01/08/1973		
					4. FEI Number 59-1499489	<del></del>	pplied For ot Applicable
2. Principal Place of Business 28. Mailing Address					Certificate of Status Desired	\$8.75	Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.	l — — — — — — — — — — — — — — — — — — —		6. Election Campaign Financing	\$5,00 I	equired
22		27			Trust Fund Contribution	Added to	
City & Stat	е	City & State	28		7. Is this nonprofit corporation a homeowners association?  Yes No		
Zip 24	Country 25	Z(p 29	Country 30		This corporation owes or has paid Personal Property Tax due June 3		tangible No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg		
			81 Na	me			
HEWITT, FRANCES 1634 WIND HARBOR ROAD			<b>62</b> Str	eet Addres	s (P.O. Box Number is Not Acceptable	e)	
ORLANDO FL 32809			83			_ <del> </del>	
			84 Cit	у		FI 85 Zip	Code
11 Durament	to the provisions of Sections 617 DE	00 and 617 1500 Florida Statut	on the should not	med corpor	ration authority thin statement for the nu		to registered
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 617.0503, Florida.	authorized by the orida Statutes.	corporation	ation submits this statement for the pun's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	Signature, typod or printed name of registered as	pent and title if applicable (NOT	E Registered Agent sign	nature regulad	when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE	<u> </u>		Change	Addition
NAME	MUZZY, VIRGINIA		1.2 NAME	- 1			
STREET ADDRESS	1309 ANGELINA AVE		1.3 STREET ADDR			-	
CITY-ST-ZIP TITLE	ORLANDO FL 32807  V DELETE		1.4 CiTY - ST - ZIP			XI Change	Addition
NAME	HOLDERBACH, RENEE		2.1 TITLE 2.2 NAME		LDERBACH, RENEE	EST CHAINE	Addition
STREET ADDRESS	3831 GATLIN WOOD DR		2.3 STREET ADDR	1	21 GATLIN WOOD DR		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		LANDO, FL 32812		
TITLE	V	X DELETE	3.1 TITLE	V		Change	<b>X</b> Addition
NAME	THOMAS, ROBBIE		3.2 NAME	PO	PE, CATHY	,	
STREET ADDRESS	3821 N LAKE ORLANDO PK	₩	3.3 STREET ADDR	ESS 33	18 HONEYSUCKLE LN		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	ORI	LANDO, FL 32812		
TITLE	π	DELETE	4.1 TITLE	TT		☐ Change	Addition
NAME	Green, Albert		4.2 NAME		NTANEZ, PATTY		
STREET ADDRESS	4279 FOX HALLOW CIR		4.3 STREET ADOR		93 ORANGE AVE		
CITY-ST-ZIP	CASSELBERRY FL 32707		4.4 CITY-ST-ZIP	ORI	ANDO, FL 32808		
TITLE	SD	DELETE	5.1 TITLE			Change	Addition Addition
NAME	POWERLL, SANJA		5.2 NAME				
STREET ADDRESS	S4417-B SUMMERWALK SQ		5.3 STREET ADDR	ESS			
CITY-ST-ZIP	ORLANDO FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			☐ Change	Addition
TITLE			D. I AFILE	1			

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 shanged, or on an attachment with an address.

6.2 NAME

6.3 STREET ADORESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

LE

PATES

2-5-98

R2E037 (10/97)

**FILED** 

Feb 12 1998 8:00am

Secretary of State