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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734288** **(4)**

1. Corporation Name
COLLEGE PARK TOWERS, INC.

Principal Place of Business	Mailing Address
5200 EGGLESTON ORLANDO FL 32810	5200 EGGLESTON ORLANDO FL 32810-5345

3. Date Incorporated or Qualified: 11/10/1975
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-1641438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HORTON, O. CHARLES
1914 EDGEWATER DR
ORLANDO FL 32804

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	VD	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	ALLERTON, TOM		1.2 NAME		
STREET ADDRESS	545 KAREN CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LAYNE, GERALDINE		2.2 NAME		
STREET ADDRESS	1351 FRANKLIN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	MCINVALE, BILL		3.2 NAME	Jim Squillante	
STREET ADDRESS	1010 WEST COLONIAL DRIVE		3.3 STREET ADDRESS	1821 Wingfield Drive	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	PD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	WHITFIELD, BILL		4.2 NAME	Peter Schimpf	
STREET ADDRESS	916 VALENCIA AVENUE		4.3 STREET ADDRESS	1030 Hunter Avenue	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUCKLEBERRY, DORIS		5.2 NAME		
STREET ADDRESS	1256 WELLINGTON TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	POLLARD, PAT		6.2 NAME	Charles Horton	
STREET ADDRESS	1007 LAYTON DR.		6.3 STREET ADDRESS	1914 Edgewater Drive	
CITY-ST-ZIP	WINTER PARK FL		6.4 CITY-ST-ZIP	Orlando, FL 32804	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] Jim Squillante 3/20/97 407-291-1542