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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 11/10/1975

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

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)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HORTON, O. CHARLES 1914 EDGEWATER DR ORLANDO FL 32804	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	D	☐ DELETE	1.1 TITLE		☐ 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	VD	☒ 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	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SQUILLANTE, JIM		3.2 NAME		
STREET ADDRESS	1821 WINGFIELD DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	STD	☒ Change ☐ Addition
NAME	SCHIMPF, PETER		4.2 NAME		
STREET ADDRESS	1030 HUNTER AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME	HORTON, CHARLES		6.2 NAME		
STREET ADDRESS	1914 EDGEWATER DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: James T. Squillante 2/6/98 407-291-1542