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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
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DOCUMENT # **734288** (4)
1. Corporation Name
COLLEGE PARK TOWERS, INC.

Principal Place of Business 5200 EGGLESTON ORLANDO FL 32810	Mailing Address 5200 EGGLESTON ORLANDO FL 32810
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/10/1975	
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	
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
**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 85 Zip Code FL

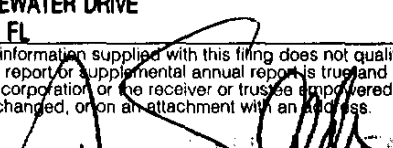
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	D ☐ DELETE
NAME	ALLERTON, TOM
STREET ADDRESS	545 KAREN CT
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	STD ☐ DELETE
NAME	LAYNE, GERALDINE
STREET ADDRESS	1351 FRANKLIN ST
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	PD ☐ DELETE
NAME	SQUILLANTE, JIM
STREET ADDRESS	1821 WINGFIELD DRIVE
CITY-ST-ZIP	LONGWOOD FL
TITLE	VD ☐ DELETE
NAME	SCHIMPF, PETER
STREET ADDRESS	1030 HUNTER AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D ☐ DELETE
NAME	HUCKLEBERRY, DORIS
STREET ADDRESS	1256 WELLINGTON TERRACE
CITY-ST-ZIP	MAITLAND FL
TITLE	D ☐ DELETE
NAME	HORTON, CHARLES
STREET ADDRESS	1914 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	STD ☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

CR2E037 (10/97)