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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 747579					
1. Corporation Name ESCONDIDO COMMUNITY ASSOCIATION, INC.					
Principal Place of Business ESCONDIDO CLUBHOUSE ALTAMONTE SPRINGS FL 32701-5079			Mailing Address ESCONDIDO CLUBHOUSE ALTAMONTE SPRINGS FL 32701-5079		



2. Principal Place of Business 21. ESCONDIDO CLUBHOUSE		2a. Mailing Address 26. SAME		3. Date Incorporated or Qualified 06/11/1979	
Suite, Apt. #, etc. 22. 101 HATTAWAY DRIVE		Suite, Apt. #, etc. 27.		4. FEI Number 59-2018066	
City & State 23. ALTAMONTE SPRINGS, FL		City & State 28.		5. Certificate of Status Desired ☐ \$8.75-Additional Fee Required	
Zip 24. 32701		Country 25. USA		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CLARKE, STANLEY 4 ESCONDIDO CIRCLE #20 ALTAMONTE SPRINGS FL 32701		10. Name and Address of New Registered Agent 81. Name RICHARD FRASER 82. Street Address (P.O. Box Number is Not Acceptable) 11 ESCONDIDO CIRCLE #104 83. 84. City ALTAMONTE SPRINGS FL 85. Zip Code 32701	
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 <i>Richard Fraser</i> DATE 3/31/99			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD ☐ DELETE NAME FRASER, RICHARD STREET ADDRESS 11 ESCONDIDO CIR #104 CITY-ST-ZIP ALTAMONTE SPRINGS FL	1.1 TITLE VPD ☒ Change ☐ Addition 1.2 NAME SAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D ☐ DELETE NAME SMITH, VERONICA STREET ADDRESS 8 ESCONDIDO CIRCLE #74 CITY-ST-ZIP ALTAMONTE SPRINGS FL	2.1 TITLE VPD ☒ Change ☐ Addition 2.2 NAME SAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE TD ☒ DELETE NAME BOCOCK, PAULINE STREET ADDRESS 8 ESCONDIDO CIR #76 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701	3.1 TITLE TD ☐ Change ☒ Addition 3.2 NAME LOIS GARWOOD 3.3 STREET ADDRESS 7 ESCONDIDO CIR #68 3.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701		
TITLE S ☐ DELETE NAME MICHAEL, RICHARD STREET ADDRESS 4 ESCONDIDO CIR #30 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701	4.1 TITLE D ☒ Change ☐ Addition 4.2 NAME SAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D ☐ DELETE NAME FLERI, EDGAR STREET ADDRESS 2 ESCONDIDO CIR #184 CITY-ST-ZIP ALTAMONTE SPRINGS FL	5.1 TITLE D ☐ Change ☐ Addition 5.2 NAME SAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE PD ☒ DELETE NAME CLARKE, STANLEY STREET ADDRESS 8 ESCONDIDO CIR #20 CITY-ST-ZIP ALTAMONTE SPRINGS FL	6.1 TITLE S ☐ Change ☒ Addition 6.2 NAME DON KASTNER 6.3 STREET ADDRESS 6 ESCONDIDO CIR #56 6.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/99

Daytime Phone

767-5568

CR2F037-11188