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FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748092

(4)

1. Corporation Name

ALTAMONTE SPRINGS LORELEIS, INC.

Principal Place of Business

Mailing Address

325 MONTICELLO DRIVE  
ALTAMONTE SPRINGS FL 32701-6211325 MONTICELLO DRIVE  
ALTAMONTE SPRINGS FL 32701-62113. Date Incorporated or Qualified  
07/16/19793a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2307356

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, MARY  
325 MONTICELLO DRIVE  
ALTAMONTE SPRINGS FL 32701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BONNETT, ELIZABETH  
STREET ADDRESS 11123 PADDINGTON WAY  
CITY-ST-ZIP ORLANDO FL  
☒ DELETE1.1 TITLE PD  
1.2 NAME BONNIE MORALES  
1.3 STREET ADDRESS 2909 SADDLEBRED TRAIL  
1.4 CITY-ST-ZIP CHULUOTA, FL 32766  
☒ Change ☐ AdditionTITLE D  
NAME ROSE, MARY  
STREET ADDRESS 325 MONTICELLO DR  
CITY-ST-ZIP ALTAMONTE SPRGS FL  
☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE TD  
NAME FREULER, PETER  
STREET ADDRESS 1304 HIGHLAND CIRCLE  
CITY-ST-ZIP KISSIMMEE FL  
☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE S  
NAME RAINIER, JOHN  
STREET ADDRESS 6712 EDGEWORTH DRIVE  
CITY-ST-ZIP ORLANDO FL  
☒ DELETE4.1 TITLE S  
4.2 NAME BONNETT, ELIZABETH  
4.3 STREET ADDRESS 11123 PADDINGTON WAY  
4.4 CITY-ST-ZIP ORLANDO, FL  
☒ Change ☐ AdditionTITLE VP  
NAME HEAVENOR, BRENDA  
STREET ADDRESS 1155 JOHN RIDGE COURT  
CITY-ST-ZIP KISSIMMEE FL  
☒ DELETE5.1 TITLE VP  
5.2 NAME CHASE, MARION  
5.3 STREET ADDRESS 813 SUWANEE CR  
5.4 CITY-ST-ZIP MAITLAND, FL  
☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

Mary Rose MARY ROSE

2/27/97

(407) 339-0380

CR2E037 (9/96)