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Feb 06 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 # 748092 (4)

1. Corporation Name

ALTAMONTE SPRINGS LORELEIS, INC.

Principal Place of Business

Mailing Address

325 MONTICELLO DRIVE
ALTAMONTE SPRINGS FL 32701-6211

325 MONTICELLO DRIVE
ALTAMONTE SPRINGS FL 32701-6211

3. Date incorporated or Qualified

07/16/1979

4. FEI Number

59-2307356

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

TITLE PD ☒ DELETE
NAME MORALES, BONNIE
STREET ADDRESS 2909 SADDLEBRED TRAIL
CITY-ST-ZIP CHULUOTA FL

TITLE D ☐ DELETE
NAME ROSE, MARY
STREET ADDRESS 325 MONTICELLO DR
CITY-ST-ZIP ALTAMONTE SPRGS FL

TITLE TD ☐ DELETE
NAME FREULER, PETER
STREET ADDRESS 1304 HIGHLAND CIRCLE
CITY-ST-ZIP KISSIMMEE FL

TITLE S ☐ DELETE
NAME BONNETT, ELIZABETH
STREET ADDRESS 11123 PADDINGTON WAY
CITY-ST-ZIP ORLANDO FL

TITLE VP ☒ DELETE
NAME CHASE, MARIAN
STREET ADDRESS 813 SUWANEE CIR.
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME CHASE, MARIAN
1.3 STREET ADDRESS 813 SUWANEE CR
1.4 CITY-ST-ZIP MAITLAND, FL 32751

2.1 TITLE ☐ 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 S ☒ Change ☐ Addition
4.2 NAME HULKO, DAWN
4.3 STREET ADDRESS 4753 HICKORY TREE RD
4.4 CITY-ST-ZIP ST. CLOUD, FL 34772

5.1 TITLE VP ☒ Change ☐ Addition
5.2 NAME MORALES, BONNIE
5.3 STREET ADDRESS 2909 SADDLEBRED TRAIL
5.4 CITY-ST-ZIP CHULUOTA, FL 32766

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, changed, or on an attachment with an address.

SIGNATURE:

Marian Chase REQUIRED

1/30/98

(40) 339-0380

CR2E037 (10/97)