

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 754303 (6)**  
1. Corporation Name  
**THE ALTAMONTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044**

Mailing Address  
**2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044**

3. Date Incorporated or Qualified  
**09/23/1980**

3a. Date of Last Report  
**08/24/1995**

4. FEI Number  
**59-2160299**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**29** **30**

## 9. Name and Address of Current Registered Agent

**GAUTHIER, PIERRE J.  
ADMIRAL MANAGEMENT INC.  
2180 WEST SR 434 SUITE 5000  
LONGWOOD FL 32779**

## 10. Name and Address of New Registered Agent

**81** Name  
**JAMES W. HART JR**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**SENTRY MANAGEMENT INC**

**83** **2180 WEST SR 434 SUITE 5000**

**84** City **LONGWOOD** **FL** **85** Zip Code **32779**

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	TD	<input type="checkbox"/> DELETE
NAME	JURGELONIS, JOSEPH	
STREET ADDRESS	185 E ALTAMONTE DR #301	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, ROBERT	
STREET ADDRESS	185 E. ALTAMONTE DR # 128	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCFALLS, BOBBY M.	
STREET ADDRESS	409 ALZAR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 37214	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FENT, SARAH	
STREET ADDRESS	251 TIMBERLAND AVE.	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D SCHNEITER, WALTER
5.3 STREET ADDRESS	825 PINESHADE DR
5.4 CITY-ST-ZIP	APOPKA FL 32712
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)