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FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

3. Date Incorporated or Qualified 09/23/1980 3a. Date of Last Report 05/01/1996  
4. FEI Number 59-2160299 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W. JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD FL 32779

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TD	JURGELONIS, JOSEPH	185 E ALTAMONTE DR #301	ALTAMONTE SPRGS, FL00000	<input type="checkbox"/>
PD	WOOD, ROBERT	185 E. ALTAMONTE DR # 128	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>
VD	MCFALLS, BOBBY M.	409 ALZAR	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
SD	FENT, SARAH	251 TIMBERLAND AVE.	LONGWOOD FL 32750	<input type="checkbox"/>
D	SCHNEITER, WALTER	825 PINESHADE DR	APOPKA FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VP	JURGELONIS, JOE	185 E ALTAMONTE DR	ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	WOOD, ROBERT	185 E ALTAMONTE DR #128	LONGWOOD FL 32791	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	MCFALLS, BOBBY	PO BOX 1597	ALTAMONTE SPRINGS FL 32715	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012155

Robert P. Wood WOOD 4-8-'97 407-7986700

CR2E037 (9/96)