


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754303** (6)  
1. Corporation Name  
**THE ALTAMONTE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044</b>	Mailing Address <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/23/1980</b>	4. FEI Number <b>59-2160299</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	VP	1.1 TITLE	
NAME	JURGELONIS, JOE	1.2 NAME	
STREET ADDRESS	185 E ALTAMONTE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	D
NAME	WOOD, ROBERT	2.2 NAME	KOURTIS, CONSTANTINE
STREET ADDRESS	185 E ALTAMONTE DR #128	2.3 STREET ADDRESS	431 RANDON TERR
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	PD	3.1 TITLE	
NAME	MCFALLS, BOBBY	3.2 NAME	
STREET ADDRESS	PO BOX 4507--	3.3 STREET ADDRESS	409 AZAZAR AVE
CITY-ST-ZIP	ALTAMONTE SPRGS FL	3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	SD	4.1 TITLE	TD
NAME	FENT, SARAH	4.2 NAME	FENT, SARAH
STREET ADDRESS	251 TIMBERLAND AVE.	4.3 STREET ADDRESS	1055 KENSINGTON PK DR #216
CITY-ST-ZIP	LONGWOOD FL 32750	4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	D	5.1 TITLE	
NAME	SCHNEITER, WALTER	5.2 NAME	
STREET ADDRESS	825 PINESHAOW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SARAH FENT

SIGNATURE:

*Sarah Fent*

2-24-98

CR2E037 (10/97)