

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90193 010 ****61.25

DOCUMENT # 754303

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/23/1980

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 VP
NAME JURGELONIS, JOE
STREET ADDRESS 185 E ALTAMONTE DR
CITY-ST-ZIP ALTAMONTE SPRGS, FL00000

XX DELETE

TITLE D
NAME KOURTIS, CONSTANCE
STREET ADDRESS 431 RANDON TERR
CITY-ST-ZIP LAKE MARY FL 32746

XX DELETE

TITLE PD
NAME MCFALLS, BOBBY
STREET ADDRESS 409 AZAZAR AVE
CITY-ST-ZIP ALTAMONTE SPRGS FL 32714

DELETED

TITLE TD
NAME FENT, SARAH
STREET ADDRESS 1055 KENSINGTON PK DR, #216
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

XX DELETE

TITLE D
NAME SCHNEITER, WALTER
STREET ADDRESS 825 PINESHADE DR
CITY-ST-ZIP APOPKA FL

XX DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETED

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

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

PD BUTLER, MARK
28 WEST CENTRAL BLVD
ORLANDO FL 32801

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

535442-9093-10

754303

	DELETE	ADDITION	CHANGE
TITLE	VD	XX	
NAME	MARTZ II, FRANKLIN W		
STREET ADDRESS	28 WEST CENTRAL BLVD		
CITY ST ZIP	ORLANDO FL 32801		

	DELETE	ADDITION	CHANGE
TITLE	TD	XX	
NAME	POUZALION, JIM		
STREET ADDRESS	28 WEST CENTRAL BLVD		
CITY ST ZIP	ORLANDO FL 32801		

	DELETE	ADDITION	CHANGE
TITLE	D	XX	
NAME	SNEED, MARY L		
STREET ADDRESS	28 WEST CENTRAL BLVD		
CITY ST ZIP	ORLANDO FL 32801		

	DELETE	ADDITION	CHANGE
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			

	DELETE	ADDITION	CHANGE
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			