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 # **765446** **(0)**

1. Corporation Name

CARMEL OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4599 LIGHTHOUSE CIR ORLANDO FL 32808 US	PO BOX 691316 ORLANDO FL 32869 US

3. Date Incorporated or Qualified: 10/19/1982

3a. Date of Last Report: 04/05/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2557148 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

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

City & State — 23

City & State — 28

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

Zip — 24 Country — 25

Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent

ZAVITZ, JOHN
108 THISTLEWOOD CIRCLE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, SUSANNE		1.2 NAME		
STREET ADDRESS	4792 LAKE RIDGE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZAVITZ, JOHN		2.2 NAME		
STREET ADDRESS	108 THISTLEWOOD CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	D	■ DELETE	3.1 TITLE	D	☐ Change ■ Addition
NAME	FIDELO, BERNIE		3.2 NAME	BERNADETTE SEDITA	
STREET ADDRESS	4562 LIGHTHOUSE CIR		3.3 STREET ADDRESS	4730 LAKE RIDGE RD	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D PRESIDENT	☐ DELETE	4.1 TITLE	DIR. PRESIDENT	■ Change ☐ Addition
NAME	HENRY, LOIS		4.2 NAME		
STREET ADDRESS	4599 LIGHTHOUSE CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RIPPERE, THOMAS		5.2 NAME		
STREET ADDRESS	4446 WINDERWOOD CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORIN, BETTY		6.2 NAME		
STREET ADDRESS	4577 LIGHTHOUSE CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Lois J Henry 3/11/96 897-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #