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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **765446**

1. Corporation Name
CARMEL OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4577 LIGHTHOUSE CIR ORLANDO FL 32808 US	PO BOX 691316 ORLANDO FL 32869 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/19/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2557148 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, M		1.2 NAME		
STREET ADDRESS	5236 SIGNAL HILL RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REID, PAULINE		2.2 NAME		
STREET ADDRESS	4862 LIGHTHOUSE CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, B		3.2 NAME		
STREET ADDRESS	4808 LIGHTHOUSE CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	DS	☐ Change ☒ Addition
NAME	SAHARSKI, B		4.2 NAME	KATHY MAGIN	
STREET ADDRESS	4610 LIGHTHOUSE CIR		4.3 STREET ADDRESS	4603 LIGHTHOUSE CIR	
CITY-ST-ZIP	ORLANDO FL 32808		4.4 CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	DTS	☐ DELETE	5.1 TITLE	DT	☒ 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	PD	☐ 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 (11/98)

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 REQUIRED Martha E Kelley 4/30/99 407-292-5962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #