

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 # 765836 (2)
1. Corporation Name
JELLYSTONE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **3000 S. CLARCONA RD #201 APOPKA FL 32703**
Mailing Address: **3000 S. CLARCONA RD #201 APOPKA FL 32703**

3. Date Incorporated or Qualified: **11/22/1982**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-2239590**
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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **28** Country: **29**

9. Name and Address of Current Registered Agent

KEENER, CHARLES D.
3000 S. CLARCONA RD. #201
#201
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name: **JAMES MORRISON**
82 Street Address (P.O. Box Number is Not Acceptable): **3000 S. CLARCONA RD # 516**
83
84 City: **APOPKA** FL 85 Zip Code: **32703**

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: **JAMES E. MORRISON, PRESIDENT**
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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, NADEEN	1.2 NAME	JAMES MORRISON
STREET ADDRESS	3000 S CLARCONA RD	1.3 STREET ADDRESS	3000 S. CLARCONA RD # 516
CITY - ST - ZIP	APOPKA FL	1.4 CITY - ST - ZIP	APOPKA, FL 32703
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEENER, CHARLES D.	2.2 NAME	BOB SCHWEINS BURG
STREET ADDRESS	3000 S. CLARCONA RD. #805	2.3 STREET ADDRESS	3000 S. CLARCONA RD. #2526
CITY - ST - ZIP	APOPKA FL	2.4 CITY - ST - ZIP	APOPKA, FL 32703
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAULK, CURTIS	3.2 NAME	RUTH PATTEN
STREET ADDRESS	3000 S. CLARCONA RD. #565	3.3 STREET ADDRESS	3000 S. CLARCONA RD. #757
CITY - ST - ZIP	APOPKA FL	3.4 CITY - ST - ZIP	APOPKA, FL 32703
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHULTZ, CARMEN C.	4.2 NAME	BETTY SNOOK
STREET ADDRESS	3000 S. CLARCONA RD. #201	4.3 STREET ADDRESS	3000 S. CLARCONA RD # 729
CITY - ST - ZIP	APOPKA FL	4.4 CITY - ST - ZIP	APOPKA, FL 32703
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYRICK, JIM	5.2 NAME	PETER ANZEION
STREET ADDRESS	3000 S CLARCONA RD #409	5.3 STREET ADDRESS	3000 S. CLARCONA RD #2400
CITY - ST - ZIP	APOPKA FL	5.4 CITY - ST - ZIP	APOPKA, FL 32703
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTS, MARVIN	6.2 NAME	ANTHONY D'ANGELO
STREET ADDRESS	3000 S. CLARCONA RD. #676	6.3 STREET ADDRESS	3000 S. CLARCONA RD # 503
CITY - ST - ZIP	APOPKA FL	6.4 CITY - ST - ZIP	APOPKA, FL 32703

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: *James E. Morrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 Date (407) 889-5491 Daytime Phone #

CR2E037 (12/95)

(D)
SANDRA LOUGHMAN
3000 S. CLARCONA RD. #99
APOPKA FL 32703