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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
3000 S. CLARCONA RD #201 APOPKA FL 32703
3000 S. CLARCONA RD #201 APOPKA FL 32703-8740

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1982		3a. Date of Last Report 02/07/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2239590		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
MORRISON, JAMES
3000 S. CLARONA RD. #201
516
APOPKA FL 32703

10. Name and Address of New Registered Agent
81 Name Randy Hillman
82 Street Address (P.O. Box Number is Not Acceptable)
83 203 E. Hillcrest St.
84 City Orlando FL 85 Zip Code 32801

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 *Randy Hillman* DATE 1/15/97
Signature, typed or printed name of registered agent and title if appl cable (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, JAMES E	
STREET ADDRESS	3000 SOUTH CLARCONA ROAD, # 516	
CITY-ST-ZIP	APOPKA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHWEINSBURG, BOB	
STREET ADDRESS	3000 SOUTH CLARCONA ROAD, # 2526	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATTEN, RUTH	
STREET ADDRESS	3000 SOUTH CLARCONA ROAD, # 729	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNOOK, BETTY	
STREET ADDRESS	3000 SOUTH CLARCONA ROAD, # 729	
CITY-ST-ZIP	APOPKA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ANZELON, PETER	
STREET ADDRESS	3000 SOUTH CLARCONA ROAD, # 2400	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	D'ANGELIS, ANTHONY	
STREET ADDRESS	3000 SOUTH CLARCONA ROAD, # 503	
CITY-ST-ZIP	APOPKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Porter, Clinton	
1.3 STREET ADDRESS	3000 S. Clarcona Rd. # 2413	
1.4 CITY-ST-ZIP	Apopka, FL 32703	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fox, Mary Lou	
2.3 STREET ADDRESS	3000 S. Clarcona Rd #1017	
2.4 CITY-ST-ZIP	Apopka, FL 32703	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lawton, Janet	
3.3 STREET ADDRESS	3000 S. Clarcona Rd #1307	
3.4 CITY-ST-ZIP	Apopka, FL 32703	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Van Meer, Mary J.	
4.3 STREET ADDRESS	3000 S. Clarcona Rd. #206	
4.4 CITY-ST-ZIP	Apopka, FL 32703	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Adams, Gisela	
5.3 STREET ADDRESS	3000 S. Clarcona Rd #313	
5.4 CITY-ST-ZIP	Apopka, FL 32703	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Barrett, Robert	
6.3 STREET ADDRESS	3000 S. Clarcon Rd.#1307, Apopka	
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE *Clinton Porter* DATE 1/10/97 (119)809-5401

CR2E037 (9/96)