


FILE NOW: FILING FEE IS \$61.25

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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770058** (6)
1. Corporation Name
PALMETTO PROFESSIONAL BUILDING ASSOCIATION, INC.



Principal Place of Business % MANFRED LOPATKA 1347 PALMETTO AVE WINTER PARK FL 32789	Mailing Address % MANFRED LOPATKA 1347 PALMETTO AVE WINTER PARK FL 32789
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3. Date Incorporated or Qualified

09/01/1983

4. FEI Number

59-2389533

Applied F.

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, JAMES W.
1347 PALMETTO AVENUE
WINTER PARK FL 32790**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOPATKA, MANFRED	
STREET ADDRESS	1151 WASHINGTON AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MURDOCK, R.K.(ASST S)	
STREET ADDRESS	1227 MARCASTLE AVE	
CITY-ST-ZIP	ORLANDO FL 32812	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEE, JAMES W.	
STREET ADDRESS	2200 VIA LUNA	
CITY-ST-ZIP	WINTER PARK FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: **MANFRED LOPATKA, PD** **REQUIRED**

01/06/98

407-644-6777

CR2E037 (10/97)