PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name L05475

(3)

ASSOCIATION MANAGEMENT COMPANY OF CENTRAL FLORID A, INC.												
Principal Place of Business Mailing Address 215 W DONEGAN AVE KISSIMMEE FL 34741 US Mailing Address 215 W DONEGAN KISSIMMEE FL 34741 US					Æ				BERT BOYER BYRILE	1981 BUT 9/9/1 9	 	IN 919 14 5 1914 19 5 1
••			US				3.	Date Incorporat 07/28/198		1	te of Last 10/16/1	
	Place of Business		2a. M	aling Address		***	4.	FEI Number			ioj ioj i	Applied For
21			26					59-2963	51		ļ	Not Applicable
Suite, Apt.			27	ite, Apt. #, etc.			5.	Certificate of St	atus Desired			5 Additional Required
Oity & Stat	te		j	y & State			6.	Election Campa	- •	F1	\$5.	00 May Be
Zip	T Cou	untry	28 					Trust Fund Con			Add	ed to Fees
4	25		29	,	Gountr 30	У	8.	This corporation	has liability fo		áx under :	s 199,032,
	9. Name and Ad	dress of Curren		d Agent				Florida Statutes Name and Add				
					81	Name		Trame and Add	iless of New	wedisteled	Agent	
LATTA,	DANIEL W.				ا			Z. 12.				
% ASS(OCIATION MANAG	EMENT CO INC	С		82	Street	Address (P.	O. Box Number i	s Not Accept	able)		
	Donegan ave				83	†						
KISSIMI	MEE FL 34741				<u> </u>							
					84	,				FL		ip Code
familiar wi	th, and accept the ob	ligations of, Section	ia. Such cha on 607,0508	08, Florida Statut inge was authoriz 5, Florida Statutes	ed by the corp i.	oration's	board of dir	rectors. Thereby a	accept the ap	pointment as	registere	d agent. I am
familiar wi SIGNATURE _ 12.	th, and accept the ob- Signature, typed or printed in	ligations of, Secti	on 607,0503 and the Lappica	bi: (No	ed by the corp i. ITE: Registered Age	ordinal 3	eoured when rei	rstating)	accept the ap	pointment as	registere	d agent. I am
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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 affect as if made under appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

933-2006