

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L80556 (8)

1. Corporation Name
CLERMONT REGIONAL CENTER, INC.

Principal Place of Business

% NANCY A. ROSSMAN
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819

Mailing Address

% NANCY A. ROSSMAN
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819-8826

3. Date Incorporated or Qualified

06/13/1990

3a. Date of Last Report

03/04/1996

4. FEI Number

59-3016901

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

6355 MetroWest Blvd.
Suite 330
Orlando, Florida 32835

2a. Mailing Address

6355 MetroWest Blvd.
Suite 330
Orlando, Florida 32835

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

ROSSMAN, NANCY A.
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81. Name

Rossman, Nancy A.

82. Street Address (P.O. Box Number is Not Acceptable)

6355 MetroWest Blvd.

83.

Suite 330

84. City

Orlando, Florida 32835

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Nancy A. Rossman

2/3/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ROSSMAN, NANCY A.
STREET ADDRESS 7829 GREENBRIAR PKWY.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VPST
NAME ROSSMAN, NORMAN
STREET ADDRESS 7829 GREENBRIAR PKWY
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME ROSSMAN, NANCY A.
1.3 STREET ADDRESS 6355 METROWEST BLVD SUITE 330
1.4 CITY-ST-ZIP Orlando, FL 32835

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE VPST
3.2 NAME ROSSMAN, NORMAN
3.3 STREET ADDRESS 6355 METROWEST BLVD SUITE 330
3.4 CITY-ST-ZIP Orlando, FL 32835

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy A. Rossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

2/3/97

5232323
407324055

Date

Daytime Phone #

CR2E034 (9/96)