

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 # N00916 (9)  
1. Corporation Name  
ALTAMONTE DEPOT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
C/O GLEN MARIEN  
115 HILL CREST DR  
LONGWOOD FL 3279  
US

Mailing Address  
C/O GLEN MARIEN  
115 HILL CREST DR  
LONGWOOD FL 32779  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
01/13/1984

3a. Date of Last Report  
03/23/1995

4. FEI Number  
59-2392451

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

9. Name and Address of Current Registered Agent

MARIEN, GLEN A  
115 HILL CREST DR  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: *Glen A Marien* *GLEN A MARIEN TD* DATE: *4-24-96*

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
VPD	PEDLOW, KEN	885 WOODGATE TR.	LONGWOOD FL	<input type="checkbox"/>
VPD	GUDENKAUF, RICHARD J.	110 BRANTLEY HALL LANE	LONGWOOD FL	<input type="checkbox"/>
VPD	MASSARONI, SUE	729 PREBLE AVE	ALTAMONTE SPRINGS FL	<input type="checkbox"/>
VPD	PETROY, JIM	612 E. HIGHLAND	ALTAMONTE SPRINGS FL	<input type="checkbox"/>
SD	AULT, WESTON J.	317 PARK PLACE	ALTAMONTE SPGS FL	<input type="checkbox"/>
TD	MARIEN, GLEN	115 HILLCREST DRIVE	LONGWOOD FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD	JAVIER STANIS	611 LAKE DR	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Glen A Marien* *GLEN A MARIEN* DATE: *4/24/96* 407-869-6449

CR2E037 (12/95)