## FILE NOW: FILING FEE IS \$61.25

NONPROFIT Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3) OCCA, INC. Principal Place of Business Mailing Address 1900 N. MILLS AVE., STE. 6 1900 N. MILLS AVE., STE. 6 3. Date Incorporated or Qualified ORLANDO FL 32803 ORLANDO FL 32803 03/29/1984 4. FEI Number Applied For 59-2416916 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes No. Zlp Country Zip Country 8. This corporation owes or has paid the current year Intangible. 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RONEY, JOY Street Address (P.O. Box Number is Not Acceptable) 1900 N. MILLS AVE., STE. 6 83 ORLANDO FL 32803 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 familia with and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE PD 1.1 TITLE Change Addition WATTERS, CLARK NAME 1.2 NAME 897 OAK MANOR CR. STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE GMD 2.1 TITLE Change Addition RONEY, JOY NAME 2.2 NAME 350 SYLVAN BLVD STREET ADDRESS 2.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition TROUTMAN, RUSSELL NAME 3.2 NAME STREET ADDRESS 311 W FAIRBANKS AVE 3.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME ALDEA, LILIA 4.2 NAME STREET ADDRESS 200 ST. ANDREWS BLVD. 4.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME POLAKOFF, LILY 5.2 NAME 4925 LINDSAY CT. STREET ADDRESS 5.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition FOOTE, ROGER NAME 6.2 NAME STREET ADDRESS 7600 SOUTHLAND BLVD. 6.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 6.4 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.

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**FILED**