1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90092 003 ****61.25

DOCUMENT # N06151

1. Corporation Name

PARK EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3800 NE SILVER SPRINGS BLVD.

3800 NE SILVER SPRINGS BLVD.

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UCALA PL 326	au.	US) 1100/1461 BH 00/14 01/16 11001 <u>17</u> 70 1170 1570 1	PROGRAMA P Programa programa pr))
2. Principal Pi	lace of Business	2a. Mailing Address	<i>-</i>		3. Date Incorporated or Qualifed		
21		26			11/14/1984		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For		
22		27			59-2715555		t Applicable
City & State	9	City & State			5. Certifcate of Status Desired	\$8.75 A Fee Re	
Zip	Country	Zip	Country	/	6. Election Campaign Financing	\$5.00	Mav Be
24	25	29 3	0		Trust Fund Contribution	Added to	•
	9. Name and Address of Current	_	<u></u>		10. Name and Address of New Registere	d Agent	
			81	Name		_	
OTTODON	LAADY D			<u> </u>	(D.O. Day Number in Not Accordable)		
STEDDOM			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	FORT KING AVE.		83			_	
OCALA FL	. 34471						
			84	City	F	85 Zip C	Code
		The state of the s	the election				registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was autions of, Section 617.0503, Florid	horized by la Statutes	the corporat s.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: R	Registered Age	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	HEWITT, MARY L.		1.2 NAME				
	3800 NE SILVER SPGS BLV		1	T ADDRESS	•		
STREET ADDRESS				1		•	
CITY-ST-ZIP	OCALA FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	51-ZIP		Change	Addition
TITLE	S	Decere					_
NAME	EILBACHER, VIVIAN V.	_	2.2 NAME	ĭ			
STREET ADORESS	3800 NE SILVER SPRINGS BLVI	D	-1	T ADDRESS			
CITY-ST-ZIP	OCALA FL	C3 per exe	2. 4 CITY-	ST-ZIP	<u></u>	☐ Change	☐ Addition
TITLE	D	DELETE	3.1 TITLE			□ Orange	
NAME	CARAWAY, DON		3.2 NAME	į			
STREET ADDRESS	3800 NE SILVEEER SPRINGS B	LVD	3.3 STREE	T ADORESS			
CITY-ST-ZIP	OCALA FL 34470		3 4. CITY-	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	DAGG, LUCILLE		4. 2 NAME				
STREET ADDRESS	3800 NE SILVER SPRINGS BLVI	D #14	4.3 STREE	ET ADDRESS	•		
CITY-ST-ZIP	OCALA FL		4.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition
NAME	HEWITT, ED	*	5.2 NAME				
STREET ADDRESS	3800 NE SILVER SPRINGS BLVI	n	5.3 STREE	ET ADDRESS			
1	OCALA FL 34470	•	5.4 CITY-	ST-ZIP			
TITLE	OUNLA FE 344/U	☐ DELETE	6.1 TITLE			☐ Change	Addition
{			6.2 NAME				
NAME	}		1	ET ADORESS			
STREET ADDRESS	1		6.4 CITY				

14. I hereby certify that the information supplied with this filing does not quality 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, with all other like empowered.

SIGNATURE:

L. Hewitt 46/99 352-694-1417