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Jan 29 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N06162 (4)

1. Corporation Name

FLORIDA MU ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 196722
WINTER SPRINGS FL 32719

POST OFFICE BOX 196722
WINTER SPRINGS FL 32719



3. Date Incorporated or Qualified

11/14/1984

4. FEI Number

59-2752546

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 4400 GREEK CT.

Suite, Apt. #, etc.

22 #123

City & State

23 ORLANDO, FL

Zip

24 32816

Country

25 U.S.

2a. Mailing Address

26 4400 GREEK CT. #123

Suite, Apt. #, etc.

27 ORLANDO, FL 32816

City & State

28 32816

Zip

29 U.S.

Country

30 U.S.

9. Name and Address of Current Registered Agent

SWEENEY, SCOTT
235 BROADMOOR RD
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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 ☐ DELETE

NAME BLISS, ROBERT
STREET ADDRESS 1492 CASA PARK CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE VD ☐ DELETE

NAME OSBOURNE, DOUGLAS
STREET ADDRESS 622 PEARL RD
CITY-ST-ZIP WINTER SPRINGS FL

TITLE T ☐ DELETE

NAME SWEENEY, SCOTT
STREET ADDRESS 602A CASA PARK CRCL
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE S ☐ DELETE

NAME CATLEDGE, LEE
STREET ADDRESS 1755 LUNDALE BLVD
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE

NAME KNISEL, PATRICK
STREET ADDRESS 1803 KAMLER AVE
CITY-ST-ZIP ORLANDO FL 32817

TITLE D ☐ DELETE

NAME SCHUCKMAN, EDWARD
STREET ADDRESS 603 CALIBRE CREST PKWY
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Scott Sweeney
1.3 STREET ADDRESS 235 Broadmoor Rd.
1.4 CITY-ST-ZIP Lake Mary, FL 32746

2.1 TITLE Treasurer ☒ Change ☐ Addition

2.2 NAME Don Doyle
2.3 STREET ADDRESS 1000 GULFSIDE DR.
2.4 CITY-ST-ZIP WINTER PARK, FL 32792

3.1 TITLE HOUSE DIRECTOR ☐ Change ☒ Addition

3.2 NAME RICHARD PARROTT
3.3 STREET ADDRESS 4400 GREEK CT.
3.4 CITY-ST-ZIP ORLANDO, FL 32816

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

RICHARD PARROTT

1/20/98

(407) 380-0887

CR2E037 (10/97)