

**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 # N08246 (3)**

1. Corporation Name

**3485 PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1969 CORPORATE SQUARE DR.  
P-O BOX 1837-  
LONGWOOD FL 32750

1969 CORPORATE SQUARE DR.  
P-O BOX 1837-  
LONGWOOD FL 32750

3. Date Incorporated or Qualified  
**03/19/1985**

3a. Date of Last Report  
**03/08/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **PO Box 521728**

22 City & State 27 City & State

23 Zip 28 **32752-1728** 30 Country

24 Country 25

4. FEI Number **59-2712742**  
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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAMBERS, JACQUELINE J.  
4101 LAKE MIRA DRIVE  
ORLANDO FL 32817**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JORGENSEN, PHILIP D.	
STREET ADDRESS	128 PARSONS ROAD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CANADA, HENRY C.	
STREET ADDRESS	178 BALFOUR DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CHAMBERS, JACQUELINE J.	
STREET ADDRESS	4101 LAKE MIRA DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMBERS JR., WARREN C.	
STREET ADDRESS	4101 LAKE MIRA DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALLARD, CATHLEEN E	
STREET ADDRESS	3485 SO. ATLANTIC AVENUE, 2S	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JARNAGIN, PAT	
STREET ADDRESS	11632 NW 142ND AVENUE	
CITY-ST-ZIP	POLK CITY IO	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 unchanged, or on an attachment with an address.

SIGNATURE:

*Philip D. Jorgensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip D. Jorgensen  
PRES.

2/6/96  
Date

407-831-6275  
Daytime Phone #

CR2E037 (12/95)