


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08246 (3)**  
1. Corporation Name  
**3485 PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1969 CORPORATE SQUARE DR. <del>P.O. BOX 1037</del> LONGWOOD FL 32750</b>	Mailing Address <b>P.O. BOX 521728 <del>P.O. BOX 1007</del> LONGWOOD FL 32752-1728 US</b>
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3. Date Incorporated or Qualified <b>03/19/1985</b>	3a. Date of Last Report <b>02/09/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	23 City & State 24 Zip 25 Country	28 City & State 29 Zip 30 Country
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4. FEI Number <b>59-2712742</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CHAMBERS, JACQUELINE J.  
4101 LAKE MIRA DRIVE  
ORLANDO FL 32817**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORGENSEN, PHILIP D.</b>	1.2 NAME	
STREET ADDRESS	<b>128 PARSONS ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANADA, HENRY C.</b>	2.2 NAME	
STREET ADDRESS	<b>178 BALFOUR DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAMBERS, JACQUELINE J.</b>	3.2 NAME	
STREET ADDRESS	<b>4101 LAKE MIRA DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAMBERS JR., WARREN C.</b>	4.2 NAME	
STREET ADDRESS	<b>4101 LAKE MIRA DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>vice president</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALLARD, CATHLEEN E</b>	5.2 NAME	
STREET ADDRESS	<b>3485 SO. ATLANTIC AVENUE, 2S</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARNAGIN, PAT</b>	6.2 NAME	
STREET ADDRESS	<b>11632 NW 142ND AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POLK CITY IO</b>	6.4 CITY-ST-ZIP	

14. I do 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.

*Sandra B. Mortham* Secretary of State  
*Jacqueline J. Chambers* SKT  
11632 NW 142ND AVENUE POLK CITY IO 32182

CR2E037 (9/96)