FILE NOW: FILING FEE IS $61.25

FILED
Apr 28 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 # N12028 (9)

1. Corporation Name

CORPORATE SQUARE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 BRIDGEWAY CIR LONGWOOD FL 32779 US	101 BIRDGEWAY CIR LONGWOOD FL 32779 US

3. Date Incorporated or Qualified: 11/13/1985

4. FEI Number: 59-1322005 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 840 WATERWAY PL	26 840 WATERWAY PL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LONGWOOD FL	28 City & State: LONGWOOD FL
24 Zip: 32750 25 Country: US	29 Zip: 32750 30 Country: US

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HATTAWAY, J.R. 1987 CORPORATE DR.,STE.147 LONGWOOD FL 32750	81 Name: J. M. HATTAWAY 82 Street Address (P.O. Box Number is Not Acceptable): 840 WATERWAY PLACE 83 84 City: LONG WOOD FL 85 Zip Code: 32750

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PATD	☐ DELETE	1.1 TITLE	PATD	☐ Change ☐ Addition
NAME	HATTAWAY, MIKE		1.2 NAME	HATTAWAY, MIKE	
STREET ADDRESS	162 EAST HIGHWAY 434		1.3 STREET ADDRESS	840 WATERWAY PLACE	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	VPAS	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	DAVID, TIMOTHY H		2.2 NAME	DAVID, TIMOTHY	
STREET ADDRESS	162 EAST HIGHWAY 434		2.3 STREET ADDRESS	840 WATERWAY PLACE	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	LONG WOOD, FL 32750	
TITLE	VPST	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HATTAWAY, J.R.		3.2 NAME	J. A. HATTAWAY, ESQ.	
STREET ADDRESS	162 EAST HIGHWAY 434		3.3 STREET ADDRESS	2 SOUTH ORANGE AVE	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	ORLANDO FL 32802	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: ✓ SIGNATURE REQUIRED 4/3/98 407-831-7500