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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
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DOCUMENT # N12028 (9)

1. Corporation Name
CORPORATE SQUARE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 101 BRIDGEWAY CIR LONGWOOD FL 32779 US	Mailing Address 101 BRIDGEWAY CIR LONGWOOD FL 32779 US
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2. Principal Place of Business 21 840 WATERWAY PL Suite, Apt. #, etc. 22	2a. Mailing Address 26 840 WATERWAY PL Suite, Apt. #, etc. 27
City & State 23 LONGWOOD FL Zip 24 32750 Country 25 US	City & State 28 LONGWOOD FL Zip 29 32750 Country 30 US

9. Name and Address of Current Registered Agent

**HATTAWAY, J.R.
1987 CORPORATE DR., STE. 147
LONGWOOD FL 32750**

3. Date Incorporated or Qualified
11/13/1985

4. FEI Number
59-1322005

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

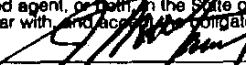
7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

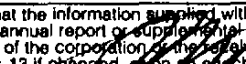
81 Name **J. M. HATTAWAY**
82 Street Address (P.O. Box Number is Not Acceptable)
840 WATERWAY PLACE
83
84 City **LONGWOOD** FL 85 Zip Code **32750**

11. Pursuant to the provisions of Sections 617.02 and 617.1506, 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 provisions 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 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	☐ Change ☐ Addition
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 LONGWOOD, FL 32750	☒ Change ☐ Addition
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	☐ Change ☐ Addition
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	

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 registered agent 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, upon an amendment, and an address.

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

CR2E037 (10/97)