

# 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 # N14222 (6)**

1. Corporation Name

**33RD STREET OWNER'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~933 LEE ROAD, SUITE #215  
ORLANDO FL 32810~~

~~933 LEE ROAD, SUITE #215  
ORLANDO FL 32810~~

2. Principal Place of Business

2a. Mailing Address

**21 715 Franklin Lane**

**26 P. O. Box 3789**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Orlando, FL**

**28 Orlando, FL**

Zip Country

Zip Country

**24 32802-3789**

**29 32802-3789**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, DONALD L.JR.  
933 LEE ROAD  
SUITE 215  
ORLANDO FL 32810**

**81** Name

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

**715 Franklin Lane**

**83**

**84** City

**Orlando**

**FL** **85** Zip Code

**32802**

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 **PD** ☐ DELETE  
NAME **MOORE, DONALD L. JR.**  
STREET ADDRESS **465 PINEY CROFT LANE**  
CITY-ST-ZIP **MAITLAND FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **BORNACK, HERB**  
STREET ADDRESS **4558 S.W.35TH. ST.,#300**  
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VDS** ☐ DELETE  
NAME **MICKLER, DEBORAH**  
STREET ADDRESS **4102 L.B.MCLEOD, RD., #A**  
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **BROOK, ROBERT J.**  
STREET ADDRESS **4545 36TH STREET**  
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

**SIGNATURE:**

**DONALD L. MOORE, JR.**

**4/22/96**

**(407) 648-1090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)