

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00000001 0012:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14762** (1)
1. Corporation Name
530 EAST CENTRAL CONDOMINIUM ASSOCIATION, INC.

2. Principal Place of Business
**2180 W. SR 434, STE 5000
LONGWOOD FL 32779**

3. Mailing Address
**2180 W. SR 434, STE 5000
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. (Date incorporated or qualified)	3a. Date of Last Report
05/06/1986	04/22/1994
4. FEI Number	Applied For
59-2675494	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Existing Certificate of Status	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS Section 501(c)(3) Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has, but not, for information by section 5, 11(b)(2) Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2b. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City, State	27. City, State
23. City, State	28. City, State
24. City, State	29. City, State
25. City, State	30. City, State

9. Name and Address of Current Registered Agent
**HART, JAMES W., JR.
SENTRY MANAGEMENT, INC.
2180 WEST STATE RD. 434, STE 5000
LONGWOOD 32779**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. State, Apt. #, etc.	FL
83. City, State	
84. City, State	

11. I, the undersigned, the person or persons named in Section 5 of the Florida Statutes, the officer named in paragraph 9 above, and the registered office, hereby certify that the information furnished in this report is true and correct, and that the registered office named in paragraph 9 above is the principal place of business of the corporation named in this report, and that the registered office named in this report is the principal place of business of the corporation.

12. NAME	13. ADDRESS	14. PHONE	15. CITY	16. STATE	17. ZIP
PD- GARGANO, JAMES 530 E. CENTRAL BLVD. #805 ORLANDO FL	VD			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Address
VD- MADRAZO, KAREN -- 530 E. CENTRAL BLVD. #304-- ORLANDO FL-----	STD BRAZIEL, DENNIS 530 E CENTRAL BLVD #605 ORLANDO FL 32801			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Address
STD- GAINES, SIDNEY 530 E. CENTRAL BLVD. #1104 ORLANDO FL	PD			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Address
				<input type="checkbox"/> Change	<input type="checkbox"/> Address
				<input type="checkbox"/> Change	<input type="checkbox"/> Address
				<input type="checkbox"/> Change	<input type="checkbox"/> Address
				<input type="checkbox"/> Change	<input type="checkbox"/> Address
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				<input type="checkbox"/> Change	<input type="checkbox"/> Address
				<input type="checkbox"/> Change	<input type="checkbox"/> Address
				<input type="checkbox"/> Change	<input type="checkbox"/> Address

14. I, the undersigned, certify that the above information is true and correct, and that the registered office named in paragraph 9 above is the principal place of business of the corporation named in this report, and that the registered office named in this report is the principal place of business of the corporation.

SIGNATURE: *Sid Gaines*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SID GAINES

2/28/95 876 2107