

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 # **N14762** (1)

1. Corporation Name

530 EAST CENTRAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2180 W. SR 434, STE 5000
LONGWOOD FL 32779

2180 W. SR 434, STE 5000
LONGWOOD FL 32779

3. Date Incorporated or Qualified

05/06/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2675494

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JAMES W., JR.
SENTRY MANAGEMENT, INC.
2180 WEST STATE RD. 434, STE 5000
LONGWOOD 32779**

81 Name

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

83

84 City

FL

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

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 **VD** DELETE
NAME **GARGANO, JAMES**
STREET ADDRESS **530 E. CENTRAL BLVD. #805**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **STD** DELETE
NAME **BRAZIEL, DENNIS**
STREET ADDRESS **530 E CENTRAL BLVD., #605**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **PD** DELETE
NAME **GAINES, SIDNEY**
STREET ADDRESS **530 E. CENTRAL BLVD. #1104**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **SD** Change Addition
3.2 NAME **MCNULTY, SYLVIA**
3.3 STREET ADDRESS **530 E CENTRAL BLVD #1902**
3.4 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James E. Gargano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96

Date

(407)629-2109

Daytime Phone #

CR2E037 (12/95)