## FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

**DOCUMENT #** N14861 (1)
1. Corporation Name

PARK TERRACE CONDOMINIUM ASSOCIATION OF ORANGE COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 124 E COLONIAL DRIVE SUITE B ORLANDO FL 32801 US | 124 E. COLONIAL DRIVE SUITE B ORLANDO FL 32801 US |

3. Date Incorporated or Qualified
05/09/1986

4. FEI Number 59-2955748 — Applied For / Not Applicable

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip  25 Country | 29 Zip  30 Country |

**9. Name and Address of Current Registered Agent**

KELLER, KATHLEEN
124 E. COLONIAL DRIVE
ORLANDO FL 32801

**10. Name and Address of New Registered Agent**

| 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: PD  NAME: ELGAR, SHNEUR  STREET ADDRESS: 124 E. COLONIAL DR.  CITY-ST-ZIP: ORLANDO FL | ☐ DELETE | 1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE: STD  NAME: KELLER, KATHLEEN  STREET ADDRESS: 124 E. COLONIAL DR.  CITY-ST-ZIP: ORLANDO FL | ☐ DELETE | 2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE: D  NAME: XXXXXXXXXXX  STREET ADDRESS: 21 RUE DU MONT BLANC  CITY-ST-ZIP: GENEVA, SWITZERLAND | ☒ DELETE | 3.1 TITLE D  3.2 NAME MAYER, RINA  3.3 STREET ADDRESS 21 RUE DU MONT BLANC  3.4 CITY-ST-ZIP GENEVA, SWITZERLAND | ☒ Change ☐ Addition |
| TITLE: D  NAME: LEITERSDORF, JONATHAN  STREET ADDRESS: 80 FIFTH AVE 18TH FLOOR  CITY-ST-ZIP: NEW YORK NE | ☐ DELETE | 4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE:  NAME:  STREET ADDRESS:  CITY-ST-ZIP: | ☐ DELETE | 5.1 TITLE D  5.2 NAME AVNAT, JOSEPH  5.3 STREET ADDRESS 21 RUE DU MONT BLANC  5.4 CITY-ST-ZIP GENEVA, SWITZERLAND | ☐ Change ☒ Addition |
| TITLE:  NAME:  STREET ADDRESS:  CITY-ST-ZIP: | ☐ DELETE | 6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____ S. Elgar, Pres.  4/7/98  (407) 849-0371

CR2E037 (10/97)