SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of S DIVISION OF CORPORATIONS

DOCUMENT # N15519

(4)

JOHN YOUNG COMMERCE CENTER PROPERTY OWNERS ASSOC

IATION, INC.								
Principal Place of Business Mailing Address								
% RICHARD T. DAVIS 631 TRIUMPH CT. ORLANDO FL 32805				% RICHARD T. DAVIS P. O. BOX 941662 MAITLAND FL 32794-1682				3. Date Incorporated or Qualified 06/19/1986
US	OZ OÇO			US				4. FEI Number Applied For S9-2826888 Not Applicable
2. Principal P	lace of Busin	ness	2a.	2a. Mailing Address				\$9.75 Additional
21				28				5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
City & State				City & State				Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?
23				28				Yes No
Zip	Country			Zip Cou			,	8. This corporation owes or has paid the current year intangible
24		25 29 30 Name and Address of Current Registered Agent						Personal Property Tax due June 30. Yes No
	y. Name	and Address of Currer	it Kegis	tered Agent		81	Name	10. Name and Address of New Registered Agent
DAME DI	AUADD T					82		
DAVIS, RIC	ake sybei					Street	et Address (P.O. Box Number is Not Acceptable)	
	FL 32751	LOC DITA						
						84	City	■ 85 Zip Code
								FL 63 240 code
 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 re 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 re agent. I am familiar with, and accept the applications of, section 617,0503, Florida Statutes. SIGNATURE 								
	Sereture, typed	or printed name of registered ager		<u> </u>			gent signalı	alure required when reinstating) DATE
12.		OFFICERS AN				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NO DI	Partition		DELETE		.1 TITLE	····	Nr. Muther David D Machange Addition
NAME STREET ADDRESS	DAVIS, RI	umaku i AKE-OYDELIA-D R.	MATE	CHAPLE		#NAME	T ADDRESS	2452 SW 90Th Pl
CITY-ST-ZIP	MATLAN					4 CITY-S		
TITLE	MO	VICE PROSISON		DELETE		1 TiTLE	1741	BUSHNELL, F/ 333/3
NAME	COLLINS.			.2 NAME		RICHARD T. DAVIS, IT SEEMANY		
STREET ADDRESS					.3 STREE	TADDRESS	108 Hoff Ner Av SERVINY	
CITY-\$T-ZIP	LIŞLE IL					2.4 CITY-ST-ZIP		ORLANDO, P1 32809(P)
TITLE	STO	SECULARY		DELETE		.1 TITLE		Change Addition
NAME		ROBERT S			- 8	.2 NAME		
STREET ADDRESS		ntwood Blvd.) Fl 32812					ADDRESS	\$
CITY-ST-ZIP TITLE	OUDVIADO	FL JZO IZ		DELETE	_	.4 CITY-S	1-ZIP	Change Addition
NAME				□ perete		2 NAME		Citarige Addition
STREET ADDRESS					4.	.3 STREET	ADDRESS	s
CITY-ST-ZIP					4.	4 CITY-S	T-ZIP	
TITLE		DELETE 5.1			.1 TITLE		Change Addition	
NAME				•	5.	2 NAME		
STREET ADDRESS					5.	3 STREET	r address	s
CITY-ST-ZIP						4 City-S	T-ZIP	
TITLE				DELETE	6.	.1 TITLE		Change Addition
NAME					6.	.2 NAME		
STREET ADDRESS					6.	.3 STREET	TADDRESS	s
CITY-ST-ZIP					6.	4 CITY-S	T-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 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 chapter 617, or on an attachment with an address.

407-875-1300

FILED

Aug 19 1998 8:00am

Secretary of State

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