

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED; MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90023 004 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15519

1. Corporation Name

JOHN YOUNG COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

% RICHARD T. DAVIS
631 TRIUMPH CT.
ORLANDO FL 32805
US

Mailing Address

% RICHARD T. DAVIS
P. O. BOX 941662
MAITLAND FL 32794-1662
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/19/1986
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2826888
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

DAVIS, RICHARD T
1110 N. LAKE SYBELIA DR.
MAITLAND FL 32751

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD M	1.2 NAME	
STREET ADDRESS	2452 SW 90TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, ROY T	2.2 NAME	TOM DAVIS
STREET ADDRESS	6754 OLD COLLEGE RD.	2.3 STREET ADDRESS	1315 WOODLAND AVE.
CITY-ST-ZIP	IL	2.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, ROBERT S	3.2 NAME	
STREET ADDRESS	2800 TRENTWOOD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD T JR	4.2 NAME	
STREET ADDRESS	1108 HOFFNER AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Richard T. Davis **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-99 352-568-0338

Date

Daytime Phone #

CR2E037 (5/99)