

ANNUAL REPORT  
1986

Department of Banking  
DIVISION OF CORPORATIONS

95 APR 24 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N18348 (5)**  
1. Corporation Name  
**201 MATLAND AVENUE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**201 MATLAND AVENUE**      **201 MATLAND AVENUE**  
**ALTAMONTE SPRINGS FL 32701**      **ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/19/1986**      **04/28/1984**

4. FEI Number      Applied For / Not Applicable  
**59-2824842**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status       \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**WILLIAMS, MARCUS O.**  
**201 MATLAND AVENUE**  
**ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City      85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE      PD  
NAME      **WILLIAMS, MARCUS O., III**  
STREET ADDRESS      **201 MATLAND AVENUE**  
CITY-ST-ZIP      **ALTAMONTE SPRINGS FL**

TITLE      **STD**  
NAME      **WARD, DENNIS**  
STREET ADDRESS      **201 MATLAND AVENUE**  
CITY-ST-ZIP      **ALTAMONTE SPRINGS FL**

TITLE      **D**  
NAME      **KIRK SOLBERG**  
STREET ADDRESS      **201 MATLAND AVE**  
CITY-ST-ZIP      **ALTAMONTE SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:  **MARCUS O WILLIAMS**      1-12-95      407 8340330

(Type Name)      (Date)      (Phone Number)