

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90007 045 ****61.25

DOCUMENT # N20471

1. Corporation Name

THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCIATION, INC.

Principal Place of Business

1000 LEGION PLACE
SUITE 400
ORLANDO FL 32801

Mailing Address

1000 LEGION PLACE
SUITE 400
ORLANDO FL 32801

***XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXX

***XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXX

2. Principal Place of Business

21 315 East Robinson St.
Suite, Apt. #, etc.

22 Suite 400

City & State

23 Orlando, FL.

Zip Country

24 32801 25 USA

2a. Mailing Address

26 315 East Robinson St.
Suite, Apt. #, etc.

27 Suite 400

City & State

28 Orlando, FL.

Zip Country

29 32801 30 USA

3. Date Incorporated or Qualified

05/05/1987

4. FEI Number

59-2965059

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

9. Name and Address of Current Registered Agent

WIELAND, JEFFREY P
2 SOUTH ORANGE AVENUE
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

TITLE PD ☒ DELETE

NAME LILLEY, ROY A
STREET ADDRESS 1000 LEGION PL #1450
CITY-ST-ZIP ORLANDO FL

TITLE STD ☒ DELETE

NAME BRUENE, BRUCE
STREET ADDRESS 711 HIGH ST
CITY-ST-ZIP DES MOINES IA 50392

TITLE D ☒ DELETE

NAME WOOFER, LINDA
STREET ADDRESS 711 HIGH ST
CITY-ST-ZIP DES MOINES IA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

Lilley, Roy A

315 Robinson St., Suite 400

Orlando, FL. 32801

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

STD

Bruene, Bruce

801 Grand Avenue

Des Moines, IA, 50392-1370

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

Woofter, Linda

801 Grand Avenue

Des Moines, IA, 50392-1370

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/20/99

(515) 283-5851

Date

Daytime Phone #