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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N23048 (4)  
1. Corporation Name  
1118 SOUTH ORANGE AVENUE BUILDING CONDOMINIUM AS SOCIATION, INC.



Principal Place of Business Mailing Address  
1118 S. ORANGE AVE., #103 ORLANDO FL 32806-8203  
3348 EDGEWATER DRIVE ORLANDO FL 32804-3742 US

3. Date Incorporated or Qualified 09/21/1987  
3a. Date of Last Report 03/21/1996

2. Principal Place of Business  
21 1118 S. ORANGE AVE  
22 SUITE 201  
23 ORLANDO FLORIDA  
24 32806 25 ORANGE

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27  
28 City & State  
29 Zip 30 Country

4. FEI Number 59-2866101  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
DEMETREE, WILLIAM C  
DEMETREE BUILDERS, INC  
3348 EDGEWATER DR.  
ORLANDO FL 32804

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 *William C. Demetree*  
Signature of registered agent or name of registered agent (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRONSON, MADELYN K.	
STREET ADDRESS	2893 BIG SKY BOULEVARD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STEINBERG, CHARLES R.	
STREET ADDRESS	710 EAST COLONIAL DRIVE, SUITE 103	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUDEZ, M. D. ANTE	
STREET ADDRESS	1118 SOUTH ORANGE AVENUE, SUITE 201	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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, changed or as an add-on with an address.

CR2E037 (9/96)

*DR. ANTE RUDEZ*  
*3-4-97*