

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:13

DOCUMENT # **N25078** (9)
1. Corporation Name
SOUTH STREET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
PO BOX 540029 **PO BOX 540029**
ORLANDO FL 32854 **ORLANDO FL 32854**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/29/1988 **03/07/1994**
4. FEI Number Applied For
59-2692319 Not Applicable

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

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

9. Name and Address of Current Registered Agent
BENEDETTI, GEORGE R.
934 N MAGNOLIA AVENUE
SUITE 310
ORLANDO, 32803

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDETTI, GEORGE R.	12 NAME	
STREET ADDRESS	PO BOX 540029 N/A	13 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDETTI, RONALD	22 NAME	DELETE
STREET ADDRESS	35 SUNFLOWER ST #70	23 STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERBEN, DAVID	32 NAME	DELETE
STREET ADDRESS	725 N. MAGNOLIA AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	SECRET
STREET ADDRESS		43 STREET ADDRESS	JUDITH L. MURRAY
CITY - ST - ZIP		44 CITY - ST - ZIP	934 N MAGNOLIA AVE #310 ORLANDO FL 32803
TITLE		51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	D
STREET ADDRESS		53 STREET ADDRESS	PATRICIA WALSH
CITY - ST - ZIP		54 CITY - ST - ZIP	934 N MAGNOLIA AVE #310 ORLANDO FL 32803
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith L. Murray* 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #