FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32218 (2)

1. Corporation Name

CENTRAL FLORIDA TITLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 2392 WINTER PARK FL 32790-2392	P O BOX 2392 WINTER PARK FL 32790-2392

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2979199 ☐ 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
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 S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JONES, FREDERIC W ESQ
369 N. NEW YORK AVE.
STE. #300
WINTER PARK FL 32789

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	HAMMONS, DEBBIE	1.2 NAME	Keith Waters	
STREET ADDRESS	505 N. PARK AVE., STE. #201	1.3 STREET ADDRESS	250 N. Orange, 11th Floor	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VTD	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	TREADWAY, LAURA	2.2 NAME	Karla Moore	
STREET ADDRESS	668 ORLANDO AVE., #1007	2.3 STREET ADDRESS	836 Palm Drive	
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	SD	3.1 TITLE	VTD	☒ Change ☐ Addition
NAME	FOGLESONG, CAROL	3.2 NAME	Carol Foglesong	
STREET ADDRESS	201 S. ROSALIND AVENUE	3.3 STREET ADDRESS	201 S. Rosalind, 4th Floor	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HARRIS, D.J.	4.2 NAME	Debbie Hammons	
STREET ADDRESS	5125 ADANSON ST., #600	4.3 STREET ADDRESS	101 E. Colonial	
CITY-ST-ZIP	ORLANDO FL 32804	4.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HUDONS, PATTY	5.2 NAME	Kevin Arruda	
STREET ADDRESS	525 DUNBLAKE DR.	5.3 STREET ADDRESS	151 Southhall Lane, Ste. 200	
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	RPNBIL, DAIL	6.2 NAME	Rob Cohen	
STREET ADDRESS	390 N. ORANGE AVE., #150	6.3 STREET ADDRESS	493 E. Semoran Blvd.	
CITY-ST-ZIP	ORLANDO FL 32801	6.4 CITY-ST-ZIP	Casselberry, FL 32707	

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)(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.

SIGNATURE: Carol Foglesong 4/4/95 407/836-5625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carol Foglesong Vice President/Treasurer

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