

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

05/10/1989

3a. Date of Last Report

04/07/1995

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

10. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP

PD
HAMMONS, DEBBIE
505 N. PARK AVE., STE. #201
WINTER PARK FL 32789

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VTD
TREADWAY, LAURA
668 ORLANDO AVE., #1007
MAITLAND FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
FOGLESONG, CAROL
201 S. ROSALIND AVENUE
ORLANDO FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
HAMMONS, DEBBIE
101 E COLONIAL
ORLANDO FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
HUDONS, PATTY
525 DUNBLAKE DR.
WINTER PARK FL 32792

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
RPIBIL, DAIL
390 N. ORANGE AVE., #150
ORLANDO FL 32801

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

PD
Kevin Arruda
151 Southhall Lane, Suite 200
Maitland, FL 32751-7187

☒ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

VTD
Carol Eaglesong
201 S. Rosalind Ave., 4th Floor
Orlando, FL 32801

☒ Change ☐ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

SD
Karla Moore
836 Palm Drive
Orlando, FL 32803

☒ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

D
Carole Ricci
101 E. Colonial Drive
Orlando, FL 32801

☒ Change ☐ Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

D
Jo Anne Waldron
535 North Ferncreek Ave.
Orlando, FL 32803

☒ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

D
Ann Wright
11 N. Summerlin Avenue
Orlando, FL 32801-2992

☒ Change ☐ Addition

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:

Carol Foglesong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95 *407/836-*
Date Daytime Phone # *5695*

CR2E037 (12/95)