

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 |
| 4. FEI Number 59-2979199 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 22. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|--|--|

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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HAMMONS, DEBBIE | |
| STREET ADDRESS | 505 N. PARK AVE., STE. #201 | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE | VTD | <input type="checkbox"/> DELETE |
| NAME | TREADWAY, LAURA | |
| STREET ADDRESS | 668 ORLANDO AVE., #1007 | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | FOGLESONG, CAROL | |
| STREET ADDRESS | 201 S. ROSALIND AVENUE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAMMONS, DEBBIE | |
| STREET ADDRESS | 101 E COLONIAL | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HUDONS, PATTY | |
| STREET ADDRESS | 525 DUNBLAKE DR. | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RPIBIL, DAIL | |
| STREET ADDRESS | 390 N. ORANGE AVE., #150 | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|---------------------------------|--|
| 11 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Kevin Arruda | |
| 13 STREET ADDRESS | 151 Southhall Lane, Suite 200 | |
| 14 CITY-ST-ZIP | Maitland, FL 32751-7187 | |
| 21 TITLE | VTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Carol Foglesong | |
| 23 STREET ADDRESS | 201 S. Rosalind Ave., 4th Floor | |
| 24 CITY-ST-ZIP | Orlando, FL 32801 | |
| 31 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | Karla Moore | |
| 33 STREET ADDRESS | 836 Palm Drive | |
| 34 CITY-ST-ZIP | Orlando, FL 32803 | |
| 41 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | Carole Ricci | |
| 43 STREET ADDRESS | 101 E. Colonial Drive | |
| 44 CITY-ST-ZIP | Orlando, FL 32801 | |
| 51 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | Jo Anne Waldron | |
| 53 STREET ADDRESS | 535 North Ferncreek Ave. | |
| 54 CITY-ST-ZIP | Orlando, FL 32803 | |
| 61 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | Ann Wright | |
| 63 STREET ADDRESS | 11 N. Summerlin Avenue | |
| 64 CITY-ST-ZIP | Orlando, FL 32801-2992 | |

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* 2/17/95 407/836-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5695

CR2E037 (12/95)