

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 21 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N32218** (2)

1. Corporation Name

**CENTRAL FLORIDA TITLE ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business               | Mailing Address                           |
| P O BOX 2392<br>WINTER PARK FL 32790-2392 | P O BOX 2392<br>WINTER PARK FL 32790-2392 |

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |  |  |   |  |
|--------------------------------|--|------------------------|--|--|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>05/10/1989</b>                             |  | 3a. Date of Last Report<br><b>02/20/1996</b>  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>59-2979199</b>   |  | Applied For<br>Not Applicable   |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | <b>\$8.75</b> Additional<br>Fee Required  |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| 24 Country                     |  | 29 Country             |  | 30   |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**JONES, FREDERIC W ESO  
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 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 |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------------------|---|--|
| TITLE                      | PD                               | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ARRUDA, KEVIN                    | 1.2 NAME  | Arruda, Kevin  |
| STREET ADDRESS             | 151 SOUTHBALL LANE SUITE 200     | 1.3 STREET ADDRESS                                    | 151 Southball Lane Suite 200   |
| CITY-ST-ZIP                | MAITLAND FL                      | 1.4 CITY-ST-ZIP                                       | Maitland, FL 32751-7187  |
| TITLE                      | VTD                              | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FOGELSONG, CAROL                 | 2.2 NAME  | Carol Foglesong  |
| STREET ADDRESS             | 201 S. ROSALIND AVENUE 4TH FLOOR | 2.3 STREET ADDRESS                                    | 201 S. Rosalind Ave, 4th Floor   |
| CITY-ST-ZIP                | ORLANDO FL                       | 2.4 CITY-ST-ZIP                                       | Orlando, FL 32801  |
| TITLE                      | SD                               | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOORE, KARLA                     | 3.2 NAME  | Moore, Karla   |
| STREET ADDRESS             | 836 PALM DRIVE                   | 3.3 STREET ADDRESS                                    | 836 Palm Drive   |
| CITY-ST-ZIP                | ORLANDO FL                       | 3.4 CITY-ST-ZIP                                       | Orlando, FL  |
| TITLE                      | D                                | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | RICCI, CAROLE                    | 4.2 NAME  | Clavin, Grace Anne   |
| STREET ADDRESS             | 101 E COLONIAL                   | 4.3 STREET ADDRESS                                    | 1340 Tusawilla Rd., Suite 102  |
| CITY-ST-ZIP                | ORLANDO FL                       | 4.4 CITY-ST-ZIP                                       | Winter Springs, FL 32708   |
| TITLE                      | D                                | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | WALDRON, JO ANNE                 | 5.2 NAME  | Strickland, Gloria   |
| STREET ADDRESS             | 535 NORTH FERNCREAK AVENUE       | 5.3 STREET ADDRESS                                    | 6220 Hazeltine National Drive, Ste 110                                       |
| CITY-ST-ZIP                | ORLANDO FL                       | 5.4 CITY-ST-ZIP                                       | Orlando, FL 32822  |
| TITLE                      | D                                | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | WRIGHT, ANN                      | 6.2 NAME  | Miller, Debbie   |
| STREET ADDRESS             | 11 NORTH SUMMERLIN AVENUE        | 6.3 STREET ADDRESS                                    | 11 N. Summerlin Ave.   |
| CITY-ST-ZIP                | ORLANDO FL                       | 6.4 CITY-ST-ZIP                                       | Orlando, FL 32801-2992   |

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 if changed, or on an attachment with an address.

SIGNATURE *K. Foglesong* REQUIRED

8/12/97

CP2E037 (4/97)