


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 P O BOX 2392 WINTER PARK FL 32790-2392			Mailing Address P O BOX 2392 WINTER PARK FL 32790-2392		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/10/1989 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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible 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 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 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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARRUDA, KEVIN		1.2 NAME		
STREET ADDRESS	151 SOUTH HALL LANE SUITE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOGELSONG, CAROL		2.2 NAME		
STREET ADDRESS	111 S. ROSALIND AVENUE 4TH FLOOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, KARLA		3.2 NAME		
STREET ADDRESS	836 PALM DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICCI, CAROLE		4.2 NAME	Strickland Gloria	
STREET ADDRESS	101 E COLONIAL		4.3 STREET ADDRESS	6545 Corporate Center Blvd.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32822	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALDRON, JO ANNE		5.2 NAME	SD Glavin, Grace Ange	
STREET ADDRESS	535 NORTH FERN CREEK AVENUE		5.3 STREET ADDRESS	1340 Tuskawilla Rd Ste. 102	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, ANN		6.2 NAME	D Miller Debbie	
STREET ADDRESS	11 NORTH SUMMERLIN AVENUE		6.3 STREET ADDRESS	6545 Corporate Center Blvd	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	Orlando, FL 32822	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 117.07(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: Karla Moore REQUIRED 1/13/98 407/240-3863 Signature and typed or printed name of signing officer or director Date Daytime Phone # 0015294					

CR2E037 (10/97)