

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32218 ✓

1. Corporation Name

CENTRAL FLORIDA TITLE ASSOCIATION, INC.

Principal Place of Business

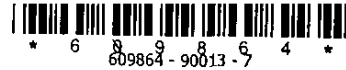
P O BOX 2392
WINTER PARK FL 32790-2392

Mailing Address

P O BOX 2392
WINTER PARK FL 32790-2392

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90013 007 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/10/1989

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

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

TITLE D ☐ DELETE
NAME ARRUDA, KEVIN
STREET ADDRESS 151 SOUTHHALL LANE SUITE 200
CITY-ST-ZIP MAITLAND FL

TITLE VTD ☐ DELETE
NAME FOGELSONG, CAROL
STREET ADDRESS 201 S. ROSALIND AVENUE 4TH FLOOR
CITY-ST-ZIP ORLANDO FL

TITLE PD ☐ DELETE
NAME MOORE, KARLA
STREET ADDRESS 836 PALM DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME STRICKLAND, GLORIA
STREET ADDRESS 6545 COPORATE CENTER BLVD
CITY-ST-ZIP ORLANDO FL 32822

TITLE SD ☐ DELETE
NAME GLAVIN, GRACE A
STREET ADDRESS 1340 TUSKAVILLA RD STE 102
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☐ DELETE
NAME MILLER, DEBBIE
STREET ADDRESS 6545 CORPORATE CENTER BLVD
CITY-ST-ZIP ORLANDO FL 32822

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

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

8/20/99 407-836-5695
Date Daytime Phone #

CR2E037 (11/98)